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THE

AMERICAN MEDICAL LIBRARY

AND

INTELLIGENCER.

A Concentrated Record of Medical Science and Literature.

EDITED BY

GRANVILLE SHARP PATTISON, M. D. AND ROBLEY DUNGLISON, M. D.

OF THE JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Subscription Price, Ten Dollars a Year.

PUBLISHED SEMI-MONTHLY,
BY ADAM WALDIE, NO. 46, CARPENTER STREET,
PHILADELPHIA.

Sir—

I send for your examination a specimen sheet of a new medical library, which, from the plan already matured, and the means prepared for its fulfilment, is offered with confidence to your attention as a work destined to exercise a powerful and beneficial influence among the profession throughout the country. The high price of medical books, added to the delay and difficulty of transporting them to the interior, has hitherto operated powerfully against the country physician. But by the plan here adopted, the barrier will be removed; he will enjoy nearly all the medico-literary advantages of his professional brother in the city, as he will receive periodically, and at short intervals, authentic accounts of the latest discoveries in medical practice, reports of interesting and important cases, practical information of the success or failure of new theories, combined with the publication of entire standard works, thus forming a medical library of the most valuable description, at an expense almost imperceptible.

The names of the editors are too well known to require any thing more than their simple announcement to guarantee the complete and satisfactory fulfilment of the editorial department. For the punctuality of the publication, the various works published by me for the last four years, during which not a number has failed, must be the evidence in my behalf. And of late, my facilities have been so increased, as to render punctuality still more certain.

I beg to bespeak your patronage to the work, and ask you to recommend it to the support of the profession in your neighbourhood, as an economical vehicle for disseminating valuable and scientific medical knowledge.

An early transmission of the name is requested. Payment may be made on the issuing of the first number of the work.

I am, very respectfully, your obedient servant,

ADAM WALDIE.

Philadelphia, November, 1836.

NOTICE.

Since my letter, addressed to the subscribers to "The Register and Library of Medical and Chirurgical Science," has been printed, I have received the 37th, 38th, 39th, and 40th numbers of that journal. Although Mr. William Green has published a most unjustifiable attack on my character as the late editor of the work, in a note printed on the cover, I consider it unnecessary to offer any refutation. I shall only repeat what I have stated in the letter referred to, "that nothing will tempt me to enter into a controversy, or under any circumstance again to advert to my connection with 'The Register and Library of Medical and Chirurgical Science.'" The best answer I can furnish to the charge of the want of "industry" on the part of the editor having been the cause of irregularity in the publication of my late journal, will be the perfect regularity with which the new one, "The American Medical Library and Intelligencer," will appear, with Mr. Waldie as the publisher.

GRANVILLE S. PATTISON.

THE

AMERICAN MEDICAL LIBRARY

AND

INTELLIGENCER.

A CONCENTRATED RECORD OF MEDICAL SCIENCE AND LITERATURE.

The establishment of "LIBRARIES," for the general diffusion, at a cheap rate, of information, has, within these few years, exercised the happiest influence in disseminating literary, religious, medical, and legal information through these United States. To Mr. Waldie, the publisher of the present work, the merit of conceiving the plan, and carrying it into extensive operation, is due. The editors feel, from the manner in which he has conducted his Select Circulating Library, and other periodicals, that they offer to the profession a sufficient guarantee for the regular publication of "THE AMERICAN MEDICAL LIBRARY AND INTELLIGENCER."

The value of a work of the present character is too obvious to require any argument to prove it. The presses of Great Britain, France, Germany, and Italy, are monthly issuing invaluable works on the different topics connected with medical and chirurgical science; and although it is of the highest importance to the interests of our profession in the United States, that the most valuable of them should be republished, and widely circulated, the expense which would attend their publication in the usual form prevents more than a very few of them from ever being placed in the hands of American physicians. The establishment of a periodical "medical library" supplies the *desideratum*. Every work of interest can, immediately on its publication, be reprinted, and placed in a few weeks in the libraries of the physicians who inhabit our continent, from its Atlantic border to its western boundary at the base of the Rocky Mountains; and every practitioner in the country can secure to himself this invaluable source of improvement for the small subscription of ten dollars *per annum*. We think much too highly of the members of our profession, to permit ourselves to doubt, that they will hesitate to avail themselves of the valuable privileges which this publication furnishes, and we feel the strongest confidence in its receiving from them that patronage, which will reward its spirited publisher, and secure its complete and continued success.

As "The American Medical Library and Intelligencer" is intended to form "a concentrated record of medical science and literature,"—besides reprinting the valuable works on medicine and surgery, which appear in Great Britain, and furnishing translations from the medical press of the continent of Europe, one part of it, "The Intelligencer," will contain a periscopic notice of the interesting Cases, Facts, and Discoveries, which appear in the medical journals of Europe, and likewise analytical reviews of the American medical periodicals. "The American Medical Library and Intelligencer" will therefore not only enrich the libraries of its subscribers with copies of the most valuable medical and surgical works published in Europe, but it will furnish them, in a concentrated form, with all the facts and discoveries of interest, which the innumerable medical periodicals of this country, and of Europe, contain; and, from the arrangements which Mr. Waldie has made to receive the European journals and works immediately on their publication, they will be put in possession of these a few weeks after their appearance.

To enable the readers of the present prospectus to comprehend the plan of "The American Medical Library and Intelligencer," the editors conceive it only necessary to state, that it will be published in semi-monthly parts, on the 1st and 15th of every month, *and the publisher pledges himself that nothing shall prevent its appearance regularly on the days of publication.* Each part will contain 128 pages, and will be divided into two parts, the "Library" and the "Intelligencer." The latter will occupy, in each number, from 16 to 20 pages, printed on a paper, and in the type and form, of the specimen which accompanies the prospectus. This part of the work will contain "a concentrated record of medical science and literature," to be made up of information of the following kinds:—1st. Editorials. 2d. Short original communications of interest, furnished from the practice of the editors or their friends. 3d. Critical and analytical notices of all original American medical publications. 4th. Analytical notices of the different American medical journals. 5th. A periscopic review and detail of the interesting facts contained in the European medical periodicals. And, lastly, a summary of medical news.

The former, the library department, will occupy 112 pages, and will be printed in the type and form of the specimen. It will contain reprints of the most valuable medical and surgical works which appear in Great Britain, and will occasionally be enriched with translations of medical books, of great interest, from the French, German, or Italian presses. In selecting books for republication, the editors will always give a preference to those which are of a *practical* character, and such as, in their judgment, will be most interesting to their subscribers.

Having thus shortly detailed the plan on which "The American Medical Library and Intelligencer" is to be conducted, the editors will only, in conclusion, state, that no effort shall be wanting on their part to give interest and value to the publication. Their duties, they are aware, will be very onerous; but the conviction,—that the extensive circulation of the work must exercise a mighty influence in elevating, still higher, the scientific and practical reputation of AMERICAN PHYSICIANS AND SURGEONS,—will cheer and encourage them in their labours, and induce them, to the utmost of their ability, to render the work what it purports to be, "A CONCENTRATED RECORD OF MEDICAL SCIENCE AND LITERATURE."

TERMS.

1. The Library will be published semi-monthly, in numbers of 128 octavo pages each; 112 of which will consist of a reprint of a standard work.—the remainder, of original matter. The whole so arranged that each work may be bound separately.
2. The subscription price will be TEN DOLLARS per annum, payable in advance. Any person remitting payment for ten copies, will be entitled to a copy gratis.
3. Subscriptions received in January or July of each year.

LETTER

To the subscribers to "THE REGISTER AND LIBRARY OF MEDICAL AND CHIRURGICAL SCIENCE," *printed and published by Duff Green, Washington, D. C.*

BY ITS LATE EDITOR.

Gentlemen—In retiring from the editorship of "THE REGISTER AND LIBRARY OF MEDICAL AND CHIRURGICAL SCIENCE," I feel it due to you to explain the motives which have induced me to do so, and to place before you the correspondence which has taken place—on the subject of my retirement—with the PUBLISHER. I have no desire to find fault with the conduct of that gentleman, either as regards the irregularity of his publication of the work, or the manner in which he has removed my name as its editor, before the completion of the second volume. That I intended to retire, my letter of the first of October certainly intimated; but surely the spirit and tenor of that letter were not such as to justify any feeling, or to entitle him to issue the 36th number without my name, and to announce to the subscribers a radical change in the future character of the work. As the PUBLISHER states,—in his notice "To the Reader," in the number referred to,—that "*the remaining numbers are already stereotyped, and in a rapid course of publication*," these numbers having been prepared for publication under my editorship, it would certainly have only been treating me with common courtesy to have continued my name on the cover as editor, until the last of the series was published; advertising, in the mean time, the subscribers of my intended resignation on the termination of the second year. Personally, the removal of my name before the completion of the second volume, is a matter of perfect indifference; but feeling myself under a pledge to the subscribers to continue my editorship until the end of the current year, its removal before that time, without explanation, might lead them to form erroneous and unjust surmises on the subject. The present opportunity being therefore open to me, I avail myself of it to explain to them the facts.

The very irregular publication of the "Register and Library of Medical and Chirurgical Science" has been to me a subject of deep regret, and to the subscribers one of uniform and, in some instances, of angry complaint. The editor was the person who was looked to; and although he had not the slightest control over the publication, I fear that in many instances he was the party blamed. Receiving, by almost every post, letters of complaint from the subscribers, on account of the irregularity of the publication, and having no power to remedy it, I had determined long ago to retire from the editorship on the completion of the present volume. The plan of the publication, however, being a favourite one, I felt disposed to engage in a similar work, if issued under my own immediate inspection. But although I felt confident that such a work published in Philadelphia could not fail to prove eminently successful, still I did not allow my own interest alone to guide me, but immediately addressed to the publisher of "The Register and Library," &c. the following letter, in which I offered either to purchase his interest in the work, or to dispose to him of my own. The terms of my letter, it will be observed, are most liberal. In the event of his purchasing my interest, I bind and oblige myself not to undertake the editorship of any other periodical; whilst, in the event of his selling his interest, he is not required to give any pledge as to his not publishing a work of a similar character. My letter, and the publisher's answer, will, however, speak for themselves.

To General Duff Green, Washington City, D. C.

Philadelphia, Oct. 1st, 1836.

My Dear Sir:—I have intended for some time past to write you in reference to the "Register and Library," &c. which has been published so irregularly as to have not only an injurious effect on the reputation of the work, but likewise to operate against my professional character. An application, which has been made to me by one of the most extensive publishers in this city, to undertake the editorship of a similar work, to be published in Philadelphia, induces me without delay to communicate with you on the subject, and to state to you that, as I consider it impossible to have the work done justice to, the editor residing in Philadelphia and the publisher in Washington City, I have determined to retire from being the editor of a work published at a distance. Under these circumstances, I should therefore wish to know from you what value to attach to the property of the "Register and Library," &c. and what sum you would be disposed to allow me for my interest in the work, and for what sum you would sell your own:—in other words, as we hold the same interest in the property, what you would be disposed to give or take for the property. The payments to be made by notes at 6, 12, and 18 months. Should I dispose to you of my interest in the property, I shall of course consider myself bound not to undertake the editorship of any other periodical; should I on the contrary not do so, but purchase yours, I shall, in connection with one of my colleagues, enter on the duties of editor of a similar work to be published in Philadelphia. You will oblige me if you will write me, if possible, by return of post, in answer to this communication.

I remain, my dear sir, your obedient servant,
GRANVILLE S. PATTISON.

To Dr. Granville S. Pattison, Philadelphia.

WASHINGTON, 9th October, 1836.

Sir:—I have received and noted the contents of your letter of the 1st. I regret to learn that the irregularity of the publication of the Register, &c. should [have] done you a professional injury; and more regret that your time has been so much occupied in more profitable pursuits, as to prevent you giving that attention to your department of the work, which was promised to the public, and the failure of which has no doubt done you as well as myself more injury than the delay in the publication of the work, which has *always* been waiting on you. I state this not by way of recrimination, but because I can see in your letter—that having resolved to establish a rival work, you assume the position stated more in reference to the future than the past.

It is proper that I should at once put you right on another point—we do not hold equal property in the work. It has been got up at my risk, and at an expense of more than twelve thousand dollars to me; which expense and risk were mine, and which, together with the entire cost of publication, are to be first paid to me before your interest commences; and then you are to have one half of the profits for and in consideration of your services as editor. Now when your services as editor cease, your compensation and interest in the publication cease with it. I regret that I am about to leave home under circumstances which forbid delay, my daughter's health requiring me to attend her south. I will direct the account to be stated, and if you will do me the favour to say what amount you have received on account of subscriptions, I will on my return, on the first of December, be prepared for a settlement, and willing to leave the whole matter between us to the decision of disinterested persons.

Respectfully, your obedient servant,
D. GREEN.

You will, I think, gentlemen, admit, that the answer to my letter was not such a one as I was entitled to expect. I wrote to the publisher in the most friendly spirit; I stated a fact, the irregularity of the publication of the journal, which neither he nor any other person could gainsay; I did not even insinuate any blame to him for the want of punctuality in the appearance of the work; on the contrary, I attributed the irregularity of publication to the editor's residing at a distance from the city where the journal was published. "As it is impossible," I said, "to have the work done justice to, the editor residing in Philadelphia and the publisher in Washington City, I had determined to retire." Having delicately guarded even against hinting at any blame on his part, he was certainly not justified in attempting to charge me with being the cause of the irregularity complained of by the subscribers, and to state that "the work has *always* been waiting on you." It is very strange, that the publisher should make such a statement in his letter addressed to me on the 9th October, and should, on the 17th of the same month, eight days afterwards, announce to the subscribers that "*the remaining numbers of the present volume are already stereotyped.*" If the remaining numbers of the volume, SEVENTEEN in number, are *already stereotyped*, surely neglect on the part of the editor cannot be the cause of no number having appeared for the last seven months.

In reference to the observations made in the letter of the publisher, in regard to the pecuniary concerns of the publication,—as these have no interest for the subscribers, I shall not discuss them. I shall only remark, that although by our agreement I was to receive one half of the profits of the publication, so indifferent have I felt in reference to my pecuniary interests, that I have never yet asked the publisher to make a settlement with me, nor have I received from him one dollar since the journal was established. The only money I have ever received for my services, was the few subscriptions paid into my own hands.

For the character of the publisher I entertain respect, and the object of this letter is not to derogate from it. It is simply to vindicate my own reputation; and, having now done so, nothing will tempt me to enter into a controversy, or under any circumstance again to advert to the subject of my connection with the "THE REGISTER AND LIBRARY OF MEDICAL AND CHIRURGICAL SCIENCE." Having thus shortly placed the facts before the subscribers, I shall hereafter remain contented with the present *exposé.*

In conclusion, gentlemen, I conceive I am entitled to ask from you that patronage for "THE AMERICAN MEDICAL LIBRARY AND INTELLIGENCER," which you have so liberally bestowed on my former work. The plan of "THE REGISTER AND LIBRARY OF MEDICAL AND CHIRURGICAL SCIENCE" was all my own; and I believe I do not arrogate too much to myself, and attribute more than is due to the kind feelings of my friends, when I state that a large number of the subscribers to the work were induced to patronize it on my account. To all such I would appeal, and would respectfully solicit them, *with as little delay as possible*, to forward their names as subscribers to Mr. Waldie, the publisher, so as to enable him to regulate the number of copies to be published on the first of January next.

From the prospectus, which accompanies this letter, it will be observed, that I have associated with myself, in the editorship, my distinguished friend and colleague, DR. ROBLEY DUNGLISON, a gentleman whose scientific and literary reputation will afford the strongest guarantee for the editorial department being ably conducted. For the mechanical part, the reputation of Mr. Waldie as a publisher and printer will assuredly satisfy the public.

I am, respectfully, gentlemen, yours,

GRANVILLE S. PATTISON.

NOTE.—The first European work which the editors propose to reprint, is the excellent treatise on Blood-letting, by DR. JAMES WARDROP, of LONDON. A gentleman who, as the author of works on the Eye, Fungus Hæmatodes, Aneurism, &c. &c., has been long and most favourably known to the profession. As a specimen of the page, type, paper, &c. &c., a part of one of the discourses is printed.

ON BLOOD-LETTING.

DISCOURSE I.

GENERAL OBSERVATIONS ON THE BLOOD.

Of the Blood;—its Functions;—its "Living Principles;"—its Morbid Changes;—its quantity in Man;—its Sensible Qualities—smell—taste—temperature.—The Coagulation of the Blood;—its Phenomena;—Utility of Coagulation in stopping Hemorrhage,—in uniting divided parts,—in the process of Reparation,—and in the Cure of Aneurisms.—Deficiency of the Coagulatory Power in the Blood, sometimes Hereditary,—fatal Cases,—Treatment.—Consistence of the blood;—Component parts of the Blood,—serum,—red Globules,—coagulated lymph.—The Buffy Coat.

The abstraction of blood from the human body is one of the most powerful of our therapeutic means, and the observations which I am about to make on this subject are to be considered chiefly as the result of my own experience in a great number of diseases amongst the different classes of society. Diseases assume an almost infinite diversity of form in the various ranks of the community, and this ought always to caution us against attempting to draw any general conclusions from examples of diseases only amongst a particular class of persons. Those who may have been in the habit of seeing diseases chiefly amongst the peasantry, or in the army, or in the navy, will be much struck with the various shades which the same complaints present in this metropolis, where patients are met with whose constitutions have suffered from indulgence in all the vices, and from all the mental excitement to which man is exposed amid this vast concourse of human beings.

A more fit opportunity cannot, perhaps, occur to dwell on the importance of carefully watching the effects of the same remedy in different examples of the same disease, and to point out how diseases are modified by the various circumstances and relations of each individual case.

Two examples of a disease scarcely ever occur which are precisely the same in all respects, and though they may resemble each other in many essential points, still they will be found to differ, either according to the period which the disease has existed—the age—the sex—the temperament of the patient,—or according to some other circumstance which demands consideration in the treatment, and which ought more or less to modify that treatment. This observation applies in a particular manner to those diseases for which medicine possesses what is called a "specific" remedy. In treating these diseases, much depends on the state of general health in the individual before such specific medicines are administered. From want of such care, how often do we hear of the different preparations of mercury, bark, and iron, disagreeing with particular patients? In almost every instance this will be found to arise from some part of the alimentary canal being in a deranged state, which state ought to have been corrected previous to administering the specific remedy. The most useful medicines often fall into disrepute from want of such attention, whilst under other circumstances the dose must be changed, as well as the form of administering it. I do not mean to affirm that there are no individuals with whom particular medicines disagree. On the contrary, there are persons in whom cinchona, mercury, iron, and even milder drugs, as rhubarb, senna, and many saline medicines, have a decidedly pernicious effect. Such instances, however, are only to be considered as exceptions.

Diseases, I have already remarked, assume an infinite variety of character, not only in persons of different ages and constitutions, but also in people living in different districts of a country, and in different ranks of society. The limited observations, therefore, which are made on the treatment of patients in the wards of an hospital, have often had the imputation of being incorrect from the same remedies having been used with very different effects in other classes of the community. I have often heard medical men, whose practice has been confined to one class of persons, such as soldiers or sailors, and who have acquired great expertness and skill in treating that particular class—I have often heard such practitioners remark, how different were the systems which they found it necessary to pursue when they were called on to treat the diseases of other classes of individuals, particularly those of women and children, and such of the poor as are habituated to intemperance, and irregular habits of life.

I cannot dwell too strongly on the importance of this subject, as I think it may be distinctly traced that many errors in the treatment of diseases have arisen from one set of practitioners being accustomed to act with greater energy than is necessary, and following indiscriminately a particular system, and another who, from seldom seeing the more violent forms of disease, practise with timidity and indecision.

These observations, while they may be applied to the use of any remedy, are yet particularly applicable to that now under consideration, as there is no means more generally used, and more decided in its effects, than the abstraction of blood, and yet there is no point on which you will find greater diversity of opinion, and fewer distinct rules laid down, both as regards the circumstances and extent to which it should be employed. The practical errors to which I have now alluded, can only be corrected by a nice discrimination in individual cases; and the power of thus discriminating can only be acquired by being in the constant habit of observing diseases amongst all classes of the community, and watching every description of disorder, more especially at an early period of the practitioner's life,—when the perceptive powers are most acute, and the mind has not yet been fettered by theoretical and hypothetical doctrines. A habit of examining diseases in the living body, and also a familiar acquaintance with the appearances of diseased structure, lead to a quick discrimination of the peculiarities of each individual case, and to a comprehensive knowledge of medicine.

Previous to entering on the consideration of the curative effects of abstracting blood, I propose to make some general observations on the natural qualities and the more remarkable changes of the sanguineous fluid.

The blood which is contained in the heart, in the arteries, and in the veins, is kept in a continual motion, called its *circulation.* During this movement, it undergoes certain regular and constant changes in a healthy animal. It receives new liquids, which are prepared by the process of digestion, and by cutaneous absorption; and it goes through changes in the lungs, where it is submitted to the action of the atmospheric air.

It travels throughout the whole body, furnishing to each organ certain materials, and it is deprived of other parts by the various secretions and excretions. That the blood should have been considered as the *life* of the body need not be wondered at; for if its passage to any part be destroyed, that part dies; and if beyond a certain quantity be extracted from the system, the death of the animal then follows. But the blood is not only necessary for the life, but for the growth, of every part of the body; and when any organ suffers an injury, it is the blood which is immediately employed for its reparation.

It is not, therefore, surprising that the blood should have been supposed to possess, in itself, a "living principle," an opinion advocated by the ingenious Hunter. The principle of life we must suppose to begin in some one of the component parts of a living animal; and as we observe a chain of phenomena commencing from the entrance of the food into the stomach,—the conversion of that food into chyle,—the mixture of the chyle with the blood,—and the life and growth of the various parts of the animal from that blood,—is it not as probable that the "living principle" is first developed in the blood as in any of the other constituent parts of the animal?

In order fully to comprehend the various functions of the blood—the morbid changes which it undergoes—its influence in repairing injuries—and the effects of removing it from the body for the cure of disease, it will be proper first to consider its component parts, and the alterations in their qualities and proportions, all which form important indications in the diagnosis of diseases.

It was remarked by Dr. Heberden, that neither the blood nor the urine can afford criteria for the treatment of diseases. I need make no comment on such an unphilosophical opinion; and in proof of its erroneous tendency, refer to the works of Dr. Prout, wherein you will perceive how important a comprehensive knowledge of the chemical qualities of the urine is, in the diagnosis of the diseases, not only of the urinary organs, but of the whole system; and I have no doubt that if an equally philosophical mind were employed in the analysis of the *blood*, much important information regarding the morbid changes of that fluid, and the modes of remedying them, might be discovered. It has indeed been, of late, too much the custom to ridicule the humoral pathology; but this has not arisen from the attentive investigation of disease.

It is indeed extremely probable that the qualities of the blood are considerably altered in many diseases, though such changes cannot always be detected. We observe, for example, that there is a complete alteration of the serum in jaundice, and were it not for the change of its colour, we should perhaps have no evidence that the blood was at all altered in that disease. Odorous substances are also mixed with the blood, as balsams and asparagus are found in the urine.

With regard to the quantity of blood in man, Haller supposed that about fifty pounds of fluid circulated in a person weighing one hundred and sixty pounds, of which he considered twenty-eight pounds to be blood.

There has not, however, been yet contrived any mode of ascertaining the precise quantity of blood in different people, and it is not at all improbable that the quantity may vary much in the same individual at different times; neither is it at all certain, whether persons afflicted with diseases which are relieved by the abstraction of blood from the system, have had an undue quantity of that fluid.

It is generally considered, that, in proportion to the size of their body, young persons have a greater quantity of blood than adults, that adults have a greater quantity than the aged, and that fat people have also less blood than the lean.

That there is a great difference in the quantity of blood in different people would appear probable, from the circumstance, that if a succession of individuals be observed, afflicted with a similar disease, requiring the abstraction of blood for its cure, the quantity necessary to produce the same effect, varies very much in every different instance, which may probably depend on differences in the quantity of the blood in each person.

The quantity of the blood varies very much in dead bodies. In general, it is abundant in those who have died from drowning, and those diseases which suddenly destroy life, as apoplexy, whilst those who die from lingering ailments have a very small quantity of blood.

Fresh blood emits a peculiar animal *smell*, and a thin vapour rises from it, which is nearly as insipid as water. It is glutinous to the *touch*, slightly saline to the *taste*, and its specific *gravity* is rather greater than that of water.

The *temperature* of the blood has not been found to vary much in different diseases, its natural heat diminishing a few degrees in the cold fit of ague, and increasing during inflammatory fever; and it has also been observed that the arterial is warmer than the venous blood.

Coagulation is one of the most important properties of the blood. Whenever blood is removed from its proper vessels, a process of coagulation takes place, and this coagulation happens sooner or later, according to particular circumstances.

Healthy blood coagulates in about three minutes and a half; the coagulation is usually completed in seven minutes, and in twelve minutes the mass becomes firm.

Blood coagulates in the ratio of its specific gravity; the lighter the blood the more slowly does it coagulate; and coagulation takes place more or less quickly, according as the orifice from which it flows be small or large, or the stream fast or slow.

Coagulation, too, is rendered slower by cold. We observe it take place quickly when the blood is received into a basin or flat vessel, and it coagulates soonest if the vessel be metallic. The rapidity of the coagulation also depends on whether it be the first or last portions which are abstracted, either from an artery or a vein.

Blood, which is kept at rest, coagulates more slowly than when it is stirred or agitated. It coagulates most quickly when drawn through a small orifice, and allowed to trickle down the arm. Strong action of the arterial system appears also to dispose the blood to coagulate slowly, but when the vascular action is diminished, as in fainting, coagulation takes place more quickly; and hence the assistance nature derives from syncope, in plugging up the orifice of a bleeding vessel.

The power of the blood to coagulate is essential for the performance of many important functions in the animal economy, whether in a state of health or disease.

1st. It is this quality of the blood which arrests the bleeding from a wounded vessel.

2d. Coagulation is the means of limiting spontaneous hemorrhages, by plugging up the open mouths of the vessels from which the blood is poured out.

3d. It serves to agglutinate the divided edges of wounded skin.

4th. It is important in the restoration of a lost part, by forming a covering to prevent the contact of the external air with the newly-exposed surface.

5th. It forms a parenchyma or matrix for the passage of new vessels, in the restoration and regeneration of parts that have been destroyed, as in the process of granulation.

6th. It is the power of coagulation which nature employs to prevent the bursting of an aneurismal swelling.

7th. And lastly, it is equally useful in plugging up the canals of diseased veins, and in agglutinating their wounds.

As regards *spontaneous hemorrhage*, it has been already observed, that this coagulating power of the blood answers a very important purpose. There are many diseases wherein an effort is made by nature to relieve the general system, or a particular organ, of a superabundant quantity of blood, and little or no disposition is made to arrest its progress, until considerable debility or syncope supervenes, which has the effect of promoting the necessary coagulation. And, moreover, when blood is lost by a wound, the diminution in the quantity of the blood, by retarding the force of circulation, creates a power in that blood to coagulate more speedily, and thus arrests the hemorrhage. Hence is derived the useful practical lesson of encouraging a state of syncope, in order to assist in stopping hemorrhage. Indeed, when syncope does take place, during operations, we ought to watch the state of the wound, after the syncope goes off, before venturing to close it, for the vessels often begin to bleed, when, in order to prevent secondary hemorrhage, they ought to be secured by ligatures.

The importance of this property of coagulation in the blood, is also exemplified in repairing injured or lost parts of the body. When the skin, for instance, is divided, the cut edges adhere, and this adhesion is effected by a quantity of coagulated blood being interposed between the lips of the wound. Here the coagulated blood seems to act as a mere bond of union, and, I may observe, as a general rule, that whenever we are able to keep the lips of a wound together by the adhesive property of the blood alone, blood is the most preferable, and the best plaster.

Hunter believed, that the coagulum thus formed between the edges of a wound, possessed within itself a power of generating vessels, and thus became organised; but whether under the ordinary circumstances of reparation new vessels are formed in the midst of the coagulum, or whether they shoot into the coagulum from the adjacent surfaces, and are continuations of those which have been divided, it is certain that vessels meet together and anastomose freely in the coagulum, which, along with the nerves that are also supplied, ultimately constitute a complete organisation of what originally was a mass of coagulated blood.

The power of the blood to coagulate for the purpose of the restoration of parts, is exemplified when a portion of the skin is accidentally removed. In such a case, coagulated blood is first deposited on the wounded surface, and coagulable lymph is then effused by the arteries between the coagulum and the wounded surface, for the purpose of forming a matrix for granulations; the growth of which granulations and their subsequent cicatrisation repairing the lost part.

The power of coagulation in the blood is also employed by nature for the cure of *aneurism*—one mode at least of spontaneous cure entirely depending on this process. When an aneurism is formed, the blood which fills the dilated part of the vessel, or the proper aneurismal tumour, does not circulate either in the same direction, or with the same velocity as in the natural condition of the vessel. The consequence is, that a process of coagulation of the blood in the tumour commences, and the extent of this process varies

THE INTELLIGENCER.

CASE OF FATAL DISORGANISATION OF THE BRAIN,

WITHOUT CORRESPONDING DERANGEMENT OF THE INTELLECTUAL AND MORAL ACTS.

[The following interesting communication was addressed to one of the editors, by his intelligent friend, Dr. G. W. Boerstler, now of Lancaster, Ohio, previously a highly respectable practitioner at Hagerstown, Maryland. It is one of the many cases which prove how little we know of the precise functions executed by particular parts of the brain; and what an extent of observation and comparison of facts are necessary, before we can pronounce, with any thing like certainty, on the subject. The pertinent questions, propounded by Dr. Boerstler, are easier asked than answered. They may elicit interesting cases and comments, from such of our readers as have paid particular attention to the physiology and pathology of the encephalon.]

Lancaster, Ohio, September 3d, 1836.

Dear Sir,—Having leisure, I take the liberty of furnishing you with the facts of a case, which to me are of deep concern, and are not devoid of interest to the physiologist and pathologist. I transcribe from my note book, as follows:—In August, 1833, I was called to see William Miller, a lad about eleven years old; he had just received a kick from a newly shod horse, which fractured the right superior portion of the os frontis, and the anterior portion of the right parietal bone. During the operation of removing the fractured bones, I found one portion an inch and a half long, of an irregular triangular form, driven into the right anterior lobe of the cerebrum, to the depth of an inch; on removing it, about a table-spoonful of brain was discharged. The piece of bone having its edges serrated, and being driven from before backwards, necessarily produced a very great laceration of the meninges. The common integuments over the fracture were much contused and lacerated, and sloughed in the course of a few days, leaving exposed a very considerable portion of the skull and brain. I moulded to the convexity of the cranium wet pasteboards, and then saturated them with albumen, which, when dry, gave them considerable firmness; these I confined with the double-headed roller. I looked upon these precautionary measures as important, for I feared hernia cerebri; four days gave reality to those fears; hernia came on, but after six days' perseverance I succeeded in preventing any farther protrusion. There was no compression, save by the fractured pieces, which were readily removed. The boy's faculties were not destroyed, but there was some intellectual confusion, from the time of the injury, during the operation, and for two hours after; *from which time he recovered every faculty of the mind, and they continued vigorous for six weeks, and to within one hour of his death, which took place on the forty-third day.* During all this period, there was little *apparent* derangement in any of the organs, except a slight irritative fever, which supervened sixteen days after the injury, and continued to the termination of the case. So slight was this fever, that, in despite of all entreaties, the patient sat up every day, and frequently walked to the window and withdrew the curtain, in order to see the boys play in the streets, in which he took deep interest,—frequently laughing at their gambols. Four hours after death, I proceeded to the examination, in the presence of Doctors Edwards, Ohr, and Newcomer. Upon removing the cranium, the dura mater presented strong marks of inflammation over the entire arch of the head, being deeply injected in parts; and having depositions of coagulable lymph in others. From the antero-inferior angle of the right parietal bone, in a line back to its junction with the occipital, the dura mater was disorganised in three points by ulceration. The space of the skull, previously occupied by the right anterior and middle lobes of the cerebrum, presented a *perfect cavity*, the hollow of which was filled with some sero-purulent matter—the lobes having been destroyed by suppuration: the third lobe was much disorganised. The left hemisphere was in a state of *ramollissement* down to the corpus callosum. It was so much softened, that the slightest touch would remove portions; and, with the aid of a sponge, I wiped away its substance to near the corpus callosum, when it began to be firmer, but presented more the appearance of a homogeneous mass, than of regular organisation. The chiasm of the optic nerves, as well as their entire tract, was so soft as to yield to a slight touch with the handle of the scalpel, and the olfactory were in the same condition. The corpus callosum, thalami nervorum opticorum, and tubercula quadrigemina, presented no pathological condition. The cerebellum and medulla oblongata were in a physiological state. The spinal column was not examined. This boy was remarkably intelligent. In my daily visits I held frequent conversations with him, and in all my observations I could not discover the slightest derangement of his intellectual faculties—no dullness of sensibility, no obtuseness of perception, no impairment of judgment, no want of memory, and, so far as mind is concerned, he gave no evidence of disease. His vision, audition, and voice, were unimpaired.

We here have a case, which presents that portion of the brain from which the nerves arise, in a physiological condition, and the general nervous apparatus in a sound state, fit for conveying impressions, whilst the organ, upon which depends perception and the perfection of ideas, is in a great degree lost, and what remains is in a highly pathological condition; yet we have all the manifestations of intellect, as if the encephalon were not required in those highest functions. His case contradicts the opinion of Sir Charles Bell, that disease of the general surface of the brain is always attended with derangement of the mind; and it is equally opposed to the views of Desmoulins, Gall, Spurzheim, and others, who contend, that the seat of intellection is in the periphery of the brain, or its convolutions. In like manner, the opinion of Magendie is contradicted,—that the sense of sight is always destroyed by removal of the cerebral hemisphere; for here the right hemisphere was destroyed, and yet vision was perfect with either eye. Where, I would ask, were the functions of mind executed in this case? Intellection was performed, the moral faculties were exercised, and that portion of the brain, in which we believe those important and complicated actions are generated and perfected, was either gone, or in a highly pathological state. I have given briefly, and I hope clearly, the facts in this case. To you I look for the deductions. I hope I have not trespassed too much on your time, by detailing a case, which presents much interest to the physiologist. I am, dear sir, very truly, your friend,

G. W. Boerstler.

Professor Dunglison.

CALCULOUS AFFECTIONS.

[The following observations on calculous depositions, and the mode of discriminating them, are from the "*British Medical Almanac*," for 1836;—a publication which might be imitated with much advantage in this country.]

In 1776 Scheele examined a stone out of the bladder, and discovered lithic or uric acid. Wollaston, in 1797, described five different kinds of stones; (1) uric acid; (2) phosphate of lime; (3) a mixture of the last salt with phosphate of ammonia and magnesia (*fusible calculus*); (4) pure phosphate of magnesia and lime; and (5) oxalate of lime (*mulberry calculus*). These are the chief concretions found in the bladder; before noticing them, we must say something of amorphous sediments and gravel.

A. Amorphous Sediments may consist (1) of *uric acid*, which is of a yellow or brick-dust colour, like the ordinary sediment of cooled urine; (2) *phosphate of lime*, mixed with *phosphate of ammonia and magnesia*, and a considerable quantity of mucus. Received on a filter, this appears like mucus, but on drying it becomes earthy, pulverulent, and smooth to the touch. Diluted acids take up the earthy salts, leaving behind the mucus. Urine in which such sediments are observed, is always alkaline; containing carbonate of soda and carbonate of ammonia. (3) *The mucus of the bladder*, when in excess, looks something like the preceding sediment, but being without the earthy salts, it becomes of a greenish yellow on drying, and the urine is always acid.

B. Chrystallized Deposits or Gravel. The substances most frequently met with in this form, are (1) acid urate of ammonia in the form of small, shining, red or yellow, pointed, chrystalline groups; (2) oxalate of lime (pale yellow or green crystals); (3) phosphate of ammonia and magnesia.

C. Calculi should be divided with a fine saw, and polished by rubbing with water and the sawdust. They usually have a nucleus in the centre consisting of one substance, which afterwards alternates with unequal layers of other, and at times, of all the principles of urinary calculi. Many stones consist of the same substance in successive layers. (1) *Uric acid* is the most constant constituent of urinary calculus. The acid is not pure in these stones, but is combined with a colouring matter, which gives them a yellow, almost mahogany colour. The fusible calculus, next in frequency to this, is white and chalky in appearance; and is readily dissolved by muriatic acid, while the uric acid calculus is dissolved without developing an ammoniacal odour by caustic potash, from which it is separated by muriatic acid in a gelatinous precipitate, that soon collects into a granular powder. The smallest fragment of uric acid or urate of ammonia, placed in a watch-glass upon which is a drop of nitric acid, and heated gradually, developes, in drying, a beautiful purple colour, the purpurate of ammonia. As too much nitric acid, as well as too strong a heat, destroys the colour, the solution should (according to the recommendation of Jacobson) only be evaporated over a lamp till it ceases to run, but is not dry, and the watch-glass be reversed over another in which are a few drops of ammonia; by the application of a gentle heat the ammonia rises, and no sooner neutralises the nitric acid, than the red colour appears. If, however, a small wax candle be used in these essays instead of a spirit-lamp, and the glass is not blackened, the heat will seldom be found too great. (2) *Urate of soda*, the gout stone, has never been found to constitute entire urinary concretions. (3) *Urate of ammonia* is a constituent part of calculi sometimes met with in children: on adding potash to its solution, ammonia is given off. (4) *Phosphate of lime* very rarely occurs alone, and in the neutral state: its powder dissolves more readily in nitric or muriatic acid than the bone-earth. (5) *Phosphate of ammonia and magnesia* is never found quite alone in calculi, but it often makes one of their chief constituents. Such stones are nearly always white, their surface is uneven, and covered with small shining crystals. Their structure is not lamellous, they feel rough, and are easily broken or rubbed to powder; very rarely they are found hard and crystalline. These stones are readily dissolved by acids; from this solution, caustic potash developes ammonia, withdraws phosphoric acid, and leaves behind magnesia undissolved. (6) *Basic phosphate of lime* (*bone-earth*) *and phosphate of ammonia and magnesia mixed*, constitute, next to uric acid, the most common materials of calculi. Their formation supposes that the urine is alkaline, or at least neutral. In these white, chalky stones, small shining crystals of phosphate of ammonia and magnesia may often be detected with a magnifying glass. By their ready fusibility before the blow-pipe, they are easily recognised, and were, on that account, called by Dr. Wollaston, *fusible calculi*. (7). *Oxalate of lime* is, apparently, a frequent constituent of calculi, particularly in children. The stones have usually an uneven surface resembling the mulberry; hence their common name of mulberry calculi. Their colour is dark, dark green, or brown. By digesting, muriatic acid dissolves the powder, and by evaporation, deposits the salt again in the form of small crystals.

Application of the blow-pipe in distinguishing calculi. *The mulberry calculus* placed in the flame of the blow-pipe, swells, turns black, smells like burnt horn, and after the carbonaceous mass has been exposed to a glow-heat, leaves caustic lime, which slakes in a drop of water, and reddens turmeric paper, without dissolving. *The fusible calculus* turns black, developes ammonia, and melts readily. A preponderance of the calcareous salt diminishes the fusibility, so that at last it may become infusible. *Phosphate of ammonia and magnesia* melts to a sort of enamel, which, mixed before melting with nitrate of cobalt, forms a red grain.

Phosphate of lime burns white, and at last melts, by which it is distinguished from basic phosphate of lime. *Uric acid* should at first be placed in the outer part of the flame, where it gradually diminishes, smelling like burnt horn or prussic acid; at length a period arrives when the residue takes fire, and continues to burn with much splendour after the blast has ceased.

Carbonate of lime is frequently met with as a concretion in herbivorous animals, but is very rare in man; as also are carbonate of magnesia, cystic oxide, and xanthic oxide.

NECROLOGY.

JOSEPH LOVELL, M. D., SURGEON GENERAL OF THE ARMY.

Died, recently, at Washington, Joseph Lovell, M. D. He entered the army in 1812, on the declaration of war with Great Britain, as surgeon of the 9th regiment, United States Infantry, and served in the campaigns on the Niagara frontier, in 1813 and 1814, during which he was so distinguished for devotion to the service, and the faithful discharge of his duties, that he was soon promoted to the rank of hospital surgeon, and, in 1818, was elevated, by President Madison, to the station of surgeon-general to the army.

The following general order, issued on the occasion of his decease, exhibits the feeling of the commander in chief at the loss which the service has sustained.

ADJUTANT-GENERAL'S OFFICE, Washington, Oct. 18, 1836.

The Major-General Commanding in Chief, with great regret, announces to the Army the death of Joseph Lovell, M. D., the Surgeon-General.

The services of the deceased in peace and war have been eminent. His loss to the service will be severely felt. As an evidence of the esteem in which his character is held, the officers of the army are requested to wear the usual mourning for thirty days from this date.

By order of Major-General Macomb.

R. JONES, Adjutant General.

JOHN FLETCHER, M. D., OF EDINBURGH.

We regret to see, from the July number of that valuable periodical, *The British and Foreign Medical Review*, that this distinguished physiologist has recently died, in the 44th year of his age. It is only within the last eight years, when he joined the Argyle-Square Medical School, that Dr. Fletcher has been generally known as a physiologist. His great work is his Rudiments of Physiology, of which two parts only are published; the first, on regimen; the second on life, as manifested in irritation: the third and remaining part,—on life, as manifested in sensation and in thought,—has yet to appear; and, we are pleased to learn, has been left in such a state that it can be readily adapted for publication. The first part of the Rudiments is now before us. It consists of four chapters:—1. On the form and classification of organised beings. 2. On the aggregation of organised beings. 3. On the substance of organised beings, and 4. On the composition of organised beings. One section of the second chapter, "On the unity of the organic structure of animals," is rich in facts and illustrations. The whole work, indeed, affords abundant evidence of the talents and acquirements of the learned and lamented author.

MEDICAL INTELLIGENCE.

AMERICAN ALMANAC, FOR 1837. *Medical Schools.*—The value of a work like the "American Almanac," is its accuracy. On turning to the head of medical schools, we find the professors in the University of Pennsylvania stated to be *nine*, instead of seven; the number of students, during the last course, being given correctly, according to the published record, at 398; whilst the number of the professors in Jefferson Medical College is stated to be *six* in place of *seven*, and that of the students, during the last course, *one hundred and twenty-one*, in place of 364! The estimate of the professors and students of the University of Maryland is copied from that in the Almanac for 1835.

It affords us pleasure to announce to our readers, that both of the medical schools in Philadelphia have been, during the present month, delivering a series of lectures preparatory to the commencement of the regular WINTER SESSION, and the dissecting rooms of the Jefferson Medical College, and of Dr. Pancoast, have been open to the students for the study of practical anatomy. These lectures, and facilities for anatomical investigation, have had the effect of attracting an unusually large concourse of medical students to the city. We do not exaggerate in estimating the number at from 350 to 400, which is probably nearly twice as many as had arrived at the same date, (Oct. 28th) last year.

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Traditionary Stories and Legendary Illustrations. By Andrew Picken.
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The Black Watch; an historical novel. By Andrew Picken, author of "The Domine's Legacy," "The Priors of Lawford," &c.
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The Charmed Sea, a Tale, by Harriet Martineau; being No. 13 of her "Illustrations of Political Economy."
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Journal of a Nobleman at the Congress of Vienna.
Memoirs of Dr. Burney. By Madame D'Arblay, author of "Evelina," "Cecilia," &c.
Memoir of Silvio Pellico.
Life and Adventures of the Chevalier Charles Stuart, and History of the Rebellion in Scotland, in 1745, 1746. By Robert Chambers.
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THE

AMERICAN MEDICAL INTELLIGENCER.

A CONCENTRATED RECORD OF MEDICAL SCIENCE AND LITERATURE.

BY ROBLEY DUNGLISON, M. D.,

Professor of the Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College,
Member of the American Philosophical Society, Honorary Member of the Medical Society
of the State of Massachusetts and of that of New York, of the Philadelphia
Medical Society, and College of Pharmacy, &c. &c.

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J. F. B.

PREFACE.

In the prospectus to the "American Medical Library and Intelligencer," the editor promised, that his utmost zeal and assuidity should be devoted to place before his subscribers the medical facts and observations of importance which might transpire at home and abroad; that the work should be cosmopolite, as regarded the sources whence its information was derived, and the reflections to which such information might give rise; and that it should be truly "American" in its character—its pages being open to appropriate communications from every intelligent individual, and respecting every honourable association of individuals, who might be labouring to promote the great interests of the republic of science.

That his attempts have not been futile has been sufficiently shown by the favour with which the work has been received both at home and abroad. Whilst many of the articles of the "Intelligencer" have been transferred to other journals of this country, it has been gratifying to the editor to observe that its pages have furnished, and will doubtless continue to furnish, valuable extracts for one of the best—if not itself the very best—of medical periodicals,—the British and Foreign Medical Review, edited by Drs. Forbes and Conolly. The correspondents of the "Intelligencer" may consequently expect that their various communications will meet with that attention abroad which they may merit; at home, alas! in all countries it frequently happens that they are either totally and undeservedly neglected, or experience ungenerous and uncandid treatment, too often suggested by unworthy and illiberal motives, by which those at a distance can scarcely be swayed.

It is with no little satisfaction that the editor is enabled to say, on the authority of his respectable publisher, that the success of the "Library and Intelligencer" has been so signal that not more than a dozen complete sets of the original edition remain unsold.

The editor begs of those gentlemen who have obliged him with their original communications, to accept his acknowledgments for the same; and he trusts that they, as well as others, may be frequently induced to seek its pages for the communication of the results of their valuable labours.

In the "Library" part of the work the editor has endeavoured to select such productions as are of rare merit; and it has appeared to him that the results of observation and reflection directed to single topics are as eminently deserving of being placed before his subscribers as larger polygraphic productions. The volume of monographs is indeed one of the most valuable collections of essays on important subjects that has ever been published in any country; and, in the matter of mere dollars and cents, is worth far more than the whole annual subscription for the "Library and Intelligencer."

In the " Library" department, the following volumes have been reprinted :—Dr. J. Wardrop on Blood-letting; Sir B. C. Brodie on Certain Local Nervous Affections; Dr. W. Stokes's Lectures on the Theory and Practice of Physic; Dr. James Hamilton's Practical Observations on Midwifery; Dr. J. Bricheteau's Medical Clinics of the Hospital Necker; Dr. A. Colles's Practical Observations on the Venereal Disease, and on the Use of Mercury; J. R. Cormack, on the Chemical, Medicinal, and Physiological Properties of Creosote; Dr. W. Stokes on the Diagnosis and Treatment of Diseases of the Chest; Dr. C. J. Beck on the Application of the Ligature to Arteries or their Trunks, at a distance from the wounded part, and nearer the Heart; Dr. R. J. Graves's Clinical Lectures; Dr. H. Clutterbuck's Essay on Pyrexia, or Symptomatic Fever; and Dr. Muehry's Comparative view of Medicine in France, England, and Germany.

Besides these, the following essays, on particular subjects, have also appeared in the " Library :"

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These reprints, with the articles of the "Intelligencer." exceed the enormous amount of *three thousand closely printed pages!*

Highly appreciating the favour with which the "American Medical Library and Intelligencer" has been received, the editor can only promise, that there shall be no diminution in his zeal and industry, and that no effort shall be wanting on his part to render the publication—what was promised in the prospectus, and is indeed repeated on every cover of the journal—"a concentrated record of medical science and literature."

ROBLEY DUNGLISON.

Philadelphia, 9 Girard St.,
March 15, 1838.

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THE
AMERICAN MEDICAL INTELLIGENCER.

Vol. I. April 1, 1837. No. 1.

Art. I.—CASES OF SEVERE LESION OF THE BRAIN.

The following cases are deeply interesting. They exhibit how much we have still to learn regarding the operations of the encephalon. It is well known, that, according to many eminent physiologists, the seat of the organs concerned in the intellectual and moral manifestations is the periphery of the brain,—that according to some the seat of sensibility is the cerebellum: that of motion the anterior portion of the brain, and especially the part which is seated below the level of the corpus callosum;—that according to others the encephalon is the seat of four distinct impulses, all of which must be accurately balanced to constitute health,—that the seat of the forward impulse is the cerebellum; of the backward, the corpora striata; and of the lateral, the peduncles of the cerebellum;—that, again, a decussation of the medullary fibres takes place at the anterior pyramids of the medulla, so that if extravasation of blood take place into one corpus striatum, for example, loss of power will occur in the opposite half of the body. Yet the two following cases, amongst many, throw difficulties in the way of all these positions, except the last; and, as regards it, equal difficulty is suggested by a case which fell under the care of the editor in conjunction with an intelligent and experienced physician of Baltimore,—Dr. Richard Steuart,—which exhibited, on dissection, an extravasation into one of the corpora striata, without any existence whatever of paralysis prior to dissolution. Yet, that this extravasation had occurred some time before death was satisfactorily shown by the previous history.

Such cases—and we have many of them—sufficiently prove how little we know of the precise functions of the encephalon, and what an extent of observation and comparison of facts is necessary, before we can pronounce, with any thing like certainty, on the subject. The pertinent questions propounded by Dr. Boerstler are easier asked than answered. They may elicit interesting cases and comments from such of our readers as have paid particular attention to the physiology and pathology of the encephalon.

Case of Fatal Disorganisation of the Brain, without corresponding derangement of the intellectual and moral acts. By G. W. Boerstler, *of Lancaster, Ohio.*

Lancaster, Ohio, September 3d, 1836.

Dear Sir,—Having leisure, I take the liberty of furnishing you with the facts of a case, which to me are of deep concern, and are not devoid of interest to the physiologist and pathologist. I transcribe from my note book, as follows:—In August, 1833, I was called to see William Miller, a lad about eleven years old; he had just received a kick from a newly shod horse, which fractured the right superior portion of the os frontis, and the anterior portion of the right parietal bone. During the operation of removing the fractured bones, I found one portion an inch and a half long, of an irregular triangular form, driven into the right anterior lobe of the cerebrum, to the depth of an inch; on removing it, about a table-spoonful of brain was discharged. The piece of bone having its edges serrated, and being driven from before backwards, necessarily produced a very great laceration of the meninges. The common integuments over the fracture were much contused and lacerated, and sloughed in the course of a few days, leaving exposed a very considerable portion of the skull and brain. I moulded to the convexity of the cranium wet pasteboards, and then saturated them with albumen, which, when dry, gave them considerable firmness; these I confined with the double-headed roller. I looked upon these precautionary measures as important, for I feared hernia cerebri; four days gave reality to those fears; hernia came on, but after six days' perseverance I succeeded in preventing any farther protrusion. There was no compression, save by the fractured pieces, which were readily removed. The boy's faculties were not destroyed, but there was some intellectual confusion, from the time of the injury, during the operation, and for two hours after; *from which time he recovered every faculty of the mind, and they continued vigorous for six weeks, and to within one hour of his death, which took place on the forty-third day.* During all this period, there was little *apparent* derangement in any of the organs, except a slight irritative fever, which supervened sixteen days after the injury, and continued to the termination of the case. So slight was this fever, that, in despite of all entreaties, the patient sat up every day, and frequently walked to the window and withdrew the curtain, in order to see the boys play in the streets, in which he took deep interest—frequently laughing at their gambols. Four hours after death, I proceeded to the examination, in the presence of Doctors Edwards, Ohr, and Newcomer. Upon removing the cranium, the dura mater presented strong marks of inflammation over the entire arch of the head, being deeply injected in parts, and having depositions of coagulable lymph in others. From the antero-inferior angle of the right parietal bone, in a line back to its junction with the occipital, the dura mater was disorganised in three points by ulceration. The space of the skull, previously occupied by the right anterior and middle lobes of the cerebrum, presented a *perfect cavity*, the hollow of which was filled with some sero-purulent matter—the lobes having been destroyed by suppuration: the third lobe was much disorganised. The left hemisphere was in a state of *ramollisement* down to the corpus callosum. It was so much softened that the slightest touch would remove portions; and, with the aid of a sponge, I wiped away its substance to near the corpus callosum, when it began to be firmer, but presented more the appearance of a homogeneous mass than of regular organisation. The chiasm of the optic nerves, as well as their entire tract, was so soft as to yield to a slight touch with the handle of the scalpel, and the olfactory were in the same condition. The corpus callosum, thalami nervorum opticorum, and tubercula quadrigemina, presented no pathological condition. The cerebellum and medulla oblongata were in a physiological state. The spinal column was not examined. This boy was remarkably intelligent. In my daily visits I held frequent conversations with him, and in all my observations I could not discover the slightest derangement of his intellectual faculties—no dulness of sensibility, no obtuseness of perception, no impairment of judgment, no want of memory, and, so far as mind is concerned, he gave no evidence of disease. His vision, audition, and voice, were unimpaired.

We here have a case, which presents that portion of the brain from which the nerves arise in a physiological condition, and the general nervous apparatus in a sound state, fit for conveying impressions, whilst the organ, upon which depends perception and the perfection of ideas, is in a great degree lost, and what remains is in a highly pathological condition; yet we have all the manifestations of intellect, as if the encephalon were not required in those highest functions. His case contradicts the opinion of Sir Charles Bell, that disease of the general surface of the brain is always attended with derangement of the mind; and it is equally opposed to the views of Desmoulins, Gall, Spurzheim, and others, who contend that the seat of intellection is in the periphery of the brain, or its convolutions. In like manner, the opinion of Magendie is contradicted,—that the sense of sight is always destroyed by removal of the cerebral hemispheres; for here the right hemisphere was destroyed, and yet vision was perfect with either eye. Where, I would ask, were the functions of mind executed in this case? Intellection was performed, the moral faculties were exercised, and that portion of the brain, in which we believe those important and complicated actions are generated and perfected, was either gone, or in a highly pathological state. I have given briefly, and I hope clearly, the facts in this case. To you I look for the deductions. I hope I have not trespassed too much on your time, by detailing a case which presents much interest to the physiologist. I am, dear sir, very truly, your friend,

G. W. Boerstler.

Professor Dunglison.

Case of Abscess of the Cerebellum, communicated to the Académie de Médecine, the 27th Sept. 1836, *by* M. Bouvier, *Agrégé, Physician of the Hospitals.*[1]

A man, fifteen years of age, had been subject for a length of time to a discharge from the ear, with deafness and frequent headache. He was suddenly seized with more severe headache in the left side of the head, vomiting, and disorder of mind. His symptoms were indeed so characteristic, that a physician who was consulted pronounced him to be labouring under abscess in the head, and that death was almost certain.

He entered the Hôtel-Dieu on the 15th of September, three weeks after the last exacerbation, when he complained of fixed pain in the head, which frequently caused him to cry out; sensibility, in other respects, obtuse; slow answers; somnolency; face pale; features sunken; look, sad and anxious; a copious purulent discharge from the left ear; deafness of the same side; pulse slightly slower; vomiting; constipation: the movements of the limbs were preserved; an incomplete paralysis of the upper eyelid being alone observed.

These symptoms continued for the following days without any marked aggravation; and it seemed probable that the patient's life might still be prolonged for some time, when, on the 23d of September, after vomiting, accompanied by great agitation and violent outcry, he suddenly fell into a state of complete collapse. Respiration became embarrassed, and he died, eight days after his entrance into the hospital, with symptoms of asphyxia.

On examining the body, there was found, as had been foretold during life, a caries of the petrous portion of the temporal bone, and an abscess in the interior of the cranium. But what was remarkable, the abscess occupied the left hemisphere of the cerebellum, although nothing led to the suspicion that there was any lesion of that organ. There was an extensive cavity, which invaded the two outer thirds of the left lobe of the cerebellum; and which contained several table-spoonfuls of pus, somewhat similar to that of an abscess. The substance forming its parietes was softened and of a livid tint. The meatus auditorius was filled with reddish vegetations.

The caries occupied the base of the pars petrosa only—the labyrinth and auditory nerve were untouched. There was no perceptible communication between the internal abscess and the abscess of the caries. The disease of the bone, however, extended to the dura mater, in two very circumscribed points, at the upper and hind part of the pars petrosa. The dura mater, opposite these points, was deeply coloured; and the coloration extended to its inner surface, where it was in contact with the cerebellum.

The cerebral ventricles were, moreover, greatly distended by a limpid fluid; and the pia mater exhibited a decided injection under the anterior part of the cerebral lobes, chiefly on the left side.

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[1] La Lancette Française, Oct. 1836.

"Two circumstances," says M. Bouvier, "give interest to this case. The first is the almost entire separation, by means of the dura mater,—which was scarcely affected,—between two lesions, one of which must have been the effect of the other; so that it is difficult to explain, merely by continuity of tissue, the transmission of the affection from the ear to the cerebellum.

"The second is the absence of all the symptoms which have been of late regarded as an effect of lesions of the cerebellum,—such as augmentation of the general sensibility, loss of equilibrium, and excitation of the genital organs. Could this peculiarity be owing to the slow development of the affection, or to its not having extended sufficiently far from the side of the medulla oblongata?"

Art. II.—CALCULOUS AFFECTIONS.

The following observations on calculous depositions, and the mode of discriminating them, are from the "British Medical Almanac," for 1836; a publication which might be imitated with much advantage in this country.

In 1776 Scheele examined a stone out of the bladder, and discovered lithic or uric acid. Wollaston, in 1797, described five different kinds of stones; (1) uric acid; (2) phosphate of lime; (3) a mixture of the last salt with phosphate of ammonia and magnesia (*fusible calculus*); (4) pure phosphate of magnesia and lime; and (5) oxalate of lime (*mulberry calculus*). These are the chief concretions found in the bladder: before noticing them, we must say something of amorphous sediments and gravel.

A. Amorphous Sediments may consist (1) of *uric acid*, which is of a yellow or brickdust colour, like the ordinary sediment of cooled urine; (2) *phosphate of lime*, mixed with *phosphate of ammonia and magnesia*, and a considerable quantity of mucus. Received on a filter, this appears like mucus; but on drying, it becomes earthy, pulverulent, and smooth to the touch. Diluted acids take up the earthy salts, leaving behind the mucus. Urine in which such sediments are observed, is always alkaline; containing carbonate of soda and carbonate of ammonia. (3) *The mucus of the bladder*, when in excess, looks something like the preceding sediment, but being without the earthy salts, it becomes of a greenish yellow on drying, and the urine is always acid.

B. Crystalised Deposits, or Gravel. The substances most frequently met with in this form, are (1) acid urate of ammonia in the form of small, shining, red or yellow, pointed, crystalline groups; (2) oxalate of lime (pale yellow or green crystals); (3) phosphate of ammonia and magnesia.

C. Calculi should be divided with a fine saw, and polished by rubbing with water and sawdust. They usually have a nucleus in the centre consisting of one substance, which afterwards alternates with unequal layers of other, and at times, of all the principles of urinary calculi. Many stones consist of the same substance in successive layers. (1) *Uric acid* is the most constant constituent of urinary calculus. The acid is not pure in these stones, but is combined with a colouring matter, which gives them a yellow, almost mahogany, colour. The fusible calculus next in frequency to this is white and chalky in appearance, and is readily dissolved by muriatic acid, while the uric acid calculus is dissolved without developing an ammoniacal odour by caustic potash, from which it is separated by muriatic acid in a gelatinous precipitate, that soon collects into a granular powder. The smallest fragment of uric acid, or urate of ammonia, placed in a watch-glass upon which is a drop of nitric acid, and heated gradually, developes in drying, a beautiful purple colour, the purpurate of ammonia. As too much nitric acid, as well as too strong a heat, destroys the colour, the solution should (according to the recommendation of Jacobson) only be evaporated over a lamp till it ceases to run, but is not dry, and the watch-glass be reversed over another in which are a few drops of ammonia; by the application of a gentle heat the ammonia rises, and no sooner neutralises the nitric acid than the red colour appears. If, however, a small wax candle be used in these essays instead of a spirit-lamp, and the glass is not blackened, the heat will seldom be found too great. (2) *Urate of soda*, the gout stone, has never been found to constitute entire urinary concretions. (3) *Urate of ammonia* is a constituent part of calculi sometimes met with in children: on adding potash to its solution, ammonia is given off. (4) *Phosphate of lime* very rarely occurs alone, and in the neutral state: its powder dissolves more readily in nitric or muriatic acid than the bone earth. (5) *Phosphate of ammonia and magnesia* is never found quite alone in calculi, but it often makes one of their chief constituents. Such stones are nearly always white; their surface is uneven, and covered with small shining crystals. Their structure is not lamellous, they feel rough, and are easily broken or rubbed to powder; very rarely they are found hard and crystalline. These stones are readily dissolved by acids; from this solution, caustic potash developes ammonia, withdraws phosphoric acid, and leaves behind magnesia undissolved. (6) *Basic phosphate of lime (bone-earth) and phosphate of ammonia and magnesia mixed*, constitute, next to uric acid, the most common materials of calculi. Their formation supposes that the urine is alkaline, or at least neutral. In these white chalky stones, small shining crystals of phosphate of ammonia and magnesia may often be detected with a magnifying glass. By their ready fusibility before the blow-pipe, they are easily recognised, and were, on that account, called by Dr. Wollaston, *fusible calculi.* (7) *Oxalate of lime* is, apparently, a frequent constituent of calculi, particularly in children. The stones have usually an uneven surface resembling the mulberry; hence their common name of mulberry calculi. Their colour is dark, dark green, or brown. By digesting, muriatic acid dissolves the powder, and, by evaporation, deposits the salt again in the form of small crystals.

Application of the blow-pipe in distinguishing calculi. *The mulberry calculus*, placed in the flame of the blow-pipe, swells, turns black, smells like burnt horn, and after the carbonaceous mass has been exposed to a glow-heat, leaves caustic lime, which slakes in a drop of water, and reddens turmeric paper, without dissolving. *The fusible calculus* turns black, developes ammonia, and melts readily. A preponderance of the calcareous salt diminishes the fusibility, so that at last it may become infusible. *Phosphate of ammonia and magnesia* melts to a sort of enamel, which, mixed before melting with nitrate of cobalt, forms a red grain.

Phosphate of lime burns white, and at last melts, by which it is distinguished from basic phosphate of lime. *Uric acid* should at first be placed in the outer part of the flame, where it gradually diminishes, smelling like burnt horn or prussic acid; at length a period arrives when the residue takes fire, and continues to burn with much splendour after the blast has ceased.

Carbonate of lime is frequently met with as a concretion in herbivorous animals, but is very rare in man; as also are carbonate of magnesia, cystic oxide, and xanthic oxide.

ART. III.—STATISTICS CONCERNING THE ROTATION OF MEDICINES.

The rotation of crops has been a topic of much interest. The history of the rotation of medicines may furnish equal instruction to the physician, by indicating the fluctuations of medical opinion, and the little confidence that ought to be reposed in the views of exclusives.

Mr. Moore, an apothecary of Dublin,[1] has examined the prescriptions in his establishment—which was commenced by his father, in 1780—in order to judge of the use made of the principal medicines by the most eminent physicians and surgeons of that city. With this view he has divided the entire time into three equal portions, and from each of these he has taken twelve hundred prescriptions, and marked the frequency with which each medicine occurred in them.

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[1] Dublin Journal, for September, 1836, and British and Foreign Medical Review, No. V.

Emetics, he finds, were given, in the first period, ten times as often as in the second, and twelve times as often as in the last. Formerly, they were given invariably at the onset of fever, as, in accordance with the theory of Cullen, they took off the spasm of the extreme vessels. Enemata were prescribed, during the last forty years, somewhat less than one half as often as during the first twenty.[1] The period when they were most seldom ordered was about the time when Dr. Hamilton's purging practice was introduced. Local bleeding has made a gradual and steady progress. Blisters and warm plasters have diminished; and the latter have been partly superseded by stimulating liniments, and other modes of counter-irritation. Tartar emetic was constantly given as an emetic in the first period; but, except in its emetic capacity, it is met with most frequently in the third. Kermes mineral (the red sulphuret of antimony) was formerly much used in pneumonia. It has ceased to be employed; but the use of the antimonial and James's powder has increased. The total number of the preparations of antimony is nearly equal in each of the three periods. Opium has kept its ground steadily. Its camphorated tincture (paregoric) has fallen almost into disuse. Hyoscyamus is more used, owing to the extract being so often prescribed in conjunction with blue pill. In the first period the red Peruvian bark was used generally, and in powder. After that, the infusion and tincture of the pale bark; and now sulphate of quinine has, in a great measure, superseded all. Epsom salts have been but recently commonly employed, their place having formerly been supplied by Rochelle salt, sal polychrest, and the sulphate of soda.[2] Nitre has fallen into comparative disuse. Blue pill was found *seventeen* times in the first period; *twenty-nine* in the second; and *one hundred and fifty-six* in the third; owing to Mr. Abernethy's views. The use of mercurial ointment in frictions has much diminished. Jalap has decreased, and rhubarb increased. Ipecacuanha is used much more at present than formerly. Fifty years ago, blisters were seldom dressed with simple ointment, or allowed to heal soon: basilicon, or an ointment of *trifolium melilotus* (common melilot), was employed. The following medicines have undergone a considerable change:—

	First period.	*Second period.*	*Third period.*
Guaiacum,	32	10	2
Camphor,	92	22	52
Colocynth,	19	31	67

These statistical details may suggest reminiscences to some of our venerable readers, which might furnish interesting matter for the physicians of this country. For the communication of any such, we should feel unfeignedly thankful.

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[1] The editor well recollects, twenty years ago, that it was the custom in country situations, in England, when a dose of salts was ordered for a poor person, to give him an ounce of Glauber's salts; whilst the rich were favoured with the Epsom.

[2] It must be borne in mind, however, that formerly the enemata were more frequently directed to be prepared by the apothecary than at present, and that the syringe has been introduced in place of the *fistula armata*—the bag and pipe—which was, at one time, always prepared by the apothecary.—*Ed.*

Art. IV.—ON THE EFFECT OF THE SPIRIT OF TURPENTINE ON CERTAIN SALTS.

BY JOHN REDMAN COXE, M. D.
Formerly Professor of Materia Medica in the University of Pennsylvania.

Dear Sir—Upwards of twenty years ago, whilst professor of chemistry in the University of Pennsylvania, I was much interested in a series of experiments on the subject of crystalisation, more particularly as connected with the sudden crystalisation of a saturated solution of Glauber's salt at the boiling temperature, which was generally considered as remaining fluid if corked up, or in any other way prevented from feeling the influence of atmospheric pressure, but immediately consolidated when the cork was withdrawn from the bottle, or the atmosphere allowed access to the solution. The results of those experiments tended to show, that the usual explanation was altogether inadequate to elucidate the phenomena, and they are given to the public in the sixth volume of Dr. Thomson's Annals of Philosophy, 1818. I merely advert to them, as accessory to other pursuits of the same character, a few of which I offer for your journal, should you deem them deserving of a place therein.

Among several observations that presented themselves to my notice, was one that greatly interested me, and which I believe has not been remarked by any other person; at least I have never met with any remark at all resembling it. In an old medicine chest, that accidentally came into my possession, I found a six ounce phial of spirit of turpentine, at the bottom of which I perceived a beautiful mass of acicular crystals, which, from their general aspect, I supposed to be those of nitrate of mercury; I did not, however, dislodge them for examination, as I was much struck with their extreme beauty, and did not wish to injure them. Having some remarkably fine crystals of that salt, which had spontaneously formed at the bottom of a bottle, I concluded to endeavour to preserve them, by pouring over them some of the spirit of turpentine. I had occasion to leave home for some time; they were placed on a shelf, and forgotten on my return. Some months elapsed before accident brought them to my notice. I was much surprised to find the fluid (colourless when I poured it over them) now become of a deep brown colour, but transparent. On further examination, I found the crystals had disappeared entirely. At the bottom of the phial, I saw a quantity of fluid resembling water, together with a tenacious matter in which a number of brilliant globules were imbedded, resembling metallic mercury, and which I soon discovered was the reality. I was much struck with the fact, which I could not account for; and had not the bottle been inaccessible to others, I should have supposed that some mercury had accidentally been introduced. As this could not be the case, I was led to speculate on the cause of this singular event; and was led to the conclusion that the salt had been actually decomposed by the turpentine, the metal revived, and its water of crystalisation, holding the acid in solution, liberated. I did not follow up the experiments on this salt; but having some fine crystals of muriate of lime which I wished to preserve, I covered them with the turpentine. Here they remained unchanged, during the winter months; but as the warm weather advanced, they gradually liquefied, and ultimately disappeared, leaving only a solution of them in their water of crystalisation.

Several months elapsed ere I resumed the subject; but having again some fine crystals of nitrate of mercury, I determined to expose them again to the turpentine, and to watch the result. I found a change ensuing in a few hours,—the liquor assuming a brown tinge, and metallic mercury, inviscated in a tenacious matter, appearing, together with a quantity of water of crystalisation at the bottom.

Varying my experiments, I soon found that by dropping a solution of nitrate of mercury into spirit of turpentine a similar result ensued; or by pouring it upon the resin, in a longer or shorter period the same decomposition took place. Metallic globules and water of crystalisation appeared, together with a tenacious matter. I tried the same experiment with some other mercurial salts—as corrosive sublimate, but the same result did not ensue; a dingy dirty hue appeared on the surface of the salt, and was deposited on the sides of the bottle as a crust: the turpentine became dark coloured, but no mercury appeared. These appearances augmented in proportion to the quantity of the materials, and to the time they were suffered to remain in contact.

By pouring the turpentine over red oxide of mercury, a change ensued; the surface of the oxide was covered with a lead-coloured coating, which was apparently a black oxide, or metallic mercury in extreme state of tenuity. I presumed that in this case the peroxide was brought to the state of the protoxide;—no water of crystalisation was perceived, and none indeed could be expected.

I have since found, that, by means of the spirit of turpentine, some extremely beautiful crystals of chromic acid, of a rare purple colour, are well preserved,—even when exposed to the sun,—which, without the turpentine, are soon altered or decomposed. What other salt may be thus preserved, or what other metal might be thus revived, I know not, but consider the facts as novel, and which may possibly lead to others of importance in chemical research.

My minutes on this subject have been mislaid for many years. Accident has lately brought them to light,—and I hope that the facts thus stated will not be unacceptable to your readers.

I am, respectfully, your obedient servant,

Professor Dunglison. JOHN REDMAN COXE.

Philadelphia, March 11th, 1837.

ART. V.—ANIMALCULES IN PURULENT DISCHARGES FROM THE GENITAL ORGANS.

BY M. DONNE'.

In the sitting of the *Académie Royale des Sciences* of Paris, of the 19th of September last, a letter was read from M. Donné, containing the results of his researches on the fluid of different discharges from the male and female parts of generation, both in the natural and morbid condition.

"The pus secreted around the glans, affected with ulceration or simple balanitis," says M. Donné, "is the only discharge that has exhibited living animalcules, which are the *vibrio lineola* of Müller. The pus secreted in every other part of the body has so far shown nothing similar. Pus, taken from one of the chancres mentioned, and which contained vibrios, having been inoculated, produced a pustule. The liquid obtained from it, examined by the microscope, presented a great quantity of the same vibrios.

"These animalcules do not exist in the vaginal mucus of the female in the healthy state; but in inflammation of the vagina, the matter of the discharge produces not only vibrios, but a peculiar animalcule of a notable size, and of a shape not observed in any known infusory. Its body is round, but it lengthens itself, and assumes various forms. At the anterior part it is furnished with a kind of excessively fine tube, which it agitates rapidly in all directions; and it has, moreover, on one side, beneath the tube, several cilia, also very fine, and possessed of a certain movement of rotation. The posterior part of the body is terminated by some appendices of indeterminate form. These animalcules appeared to move forward like leeches, and to attach themselves like them, by means of a kind of sucker; but they rarely detach themselves, are often united in groups, holding themselves together by their hinder part."

M. Donné asks, whether the existence of these animalcules is connected with the nature of the disease and the *speciality* of the discharge? His question can only be answered by fresh and fresh experiments, which, indeed, are necessary in all experiments with the microscope.

ART. VI.—LINIMENT OF ST. JOHN LONG.

It would appear—from recent observations[1] made by Mr. Guthrie, of London—the distinguished surgeon—that, as we have long suspected, the efficacy of St. John Long's liniment is less in the liniment than in its mode of application.

Mr. Guthrie, it appears, having had some of it presented to him for the purpose of trying its effects, selected some cases for its application, and also had it applied to his own person, being affected with a pain in the knee, attended with slight lameness. The experiment was conducted openly at the Ophthalmic Hospital—the liniment being applied by the person who rubbed under Mr. Long. It was used in five cases besides Mr. Guthrie's own, but the disease of one only is stated,—that of a boy who is said to have come up amaurotic from the country. The result of the treatment is thus given by Mr. Guthrie:—"It cured my knee and the boy's eye, and did good to all the remaining four. The liniment seemed to be perfectly mild and harmless, having the appearance of thick yellow cream, and a faint turpentine smell. When applied to the skin, it felt cool and agreeable, and not in the slightest degree stimulating. It was assiduously rubbed on the part by means of a small, soft, round sponge, and, after a sufficient application, the part became red, and finally excoriated and inflamed." Mr. Guthrie attributes the whole effect of the liniment to the mode of its application, and nothing to its own virtues. In proof of this, he had himself rubbed with soapsuds in the same manner as was done with the liniment, and exactly the same result followed. "I should have said, if I had been asked," says Mr. Guthrie, "that the soap lather was the most severe liniment of the two."

This mode of exciting irritation is less sudden than the moxa and the sinapism, but more so than the ordinary blister; and we have no doubt it may be used advantageously in many internal affections. There is certainly such a difference in the action of our revellents, that the place of one cannot in every case be filled, with equal advantage, by another. For a long time it was argued that the moxa acts precisely in the same manner as a blister, and, therefore, that the latter, as being less formidable, ought always to be preferred; but universal experience has shown that such is not the fact, and that there are many cases in which the sudden and vivid revulsion, excited by the moxa, will break in upon morbid conditions, after blisters and the ordinary counter-irritants have been used in vain.

In thoracic affections the liniment of Long is stated to have been employed with signally good effects.

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[1] Lancet, November 26, 1836, and British and Foreign and Medical Review, No. V. January, 1837, p. 264.

Art. VII.—ON TYPHUS AND TYPHOID FEVERS.

In the "American Journal of the Medical Sciences" for February last, and in the "Dublin Journal of Medical Science," for January, we have two interesting communications on these important diseases; one by Dr. Gerhard of this city, the other by Dr. Perry, physician to the Glasgow Royal Infirmary.

Dr. Gerhard is disposed to consider the typhoid fever, or typhus mitior, of Great Britain, to be synonimous with the dothinenteritis or follicular gastro-enteritis of the French; whilst he looks upon typhus fever,[1] as a separate and distinct disease, and as, essentially, the affection that prevailed at Philadelphia in the spring and summer of 1836.

Both writers consider that genuine typhus is a contagious affection, whilst dothinenteritis, or the intestinal affection, according to Dr. Gerhard, is not. Dr. Perry expresses his belief, "that contagious typhus is an *exanthematous disease*, and is subject to all the laws of the other exanthemata; that, as a general rule, it is only taken once in a lifetime, and that a second attack of typhus does not occur more frequently than a second attack of smallpox;" "and judging from my own experience," he adds, "less frequently than a second attack of measles or scarlet fever."

They do not agree as to the absence of the follicular affection in typhus; Dr. Gerhard being in favour of it, Dr. Perry not. From a previous article by the latter gentleman we extract the following conclusions.[1]

"That inflammation of the membranes of the brain, of the bronchia, and of the mucous membrane of the stomach and intestines, and various febrile affections arising from cold, fatigue, improper ingesta, &c., and more particularly disease of the aggregated glands of the ileum, and the mucous follicles, often termed *dothinenteritis*, or *gastro-enteritis*, have been too often confounded by medical practitioners with typhus fever, though they are characterised by dissimilar symptoms, and require a very different mode of treatment. . . . . That dothinenteritis, or enlargement of the mucous follicles of the smaller intestines, and enlargement and ulceration of the aggregated glands of the lower third of the ileum, occur in combination with contagious typhus, and are to be met with in about one in six of those who die from typhus. It also exists as a disease *per se*, and is characterised by the following symptoms:—quick, irritated pulse, tongue dry and florid, more particularly at the tip, often fissured in the centre, urgent thirst, partaking of the remittent character; the face is alternately flushed and pale, particularly one or both cheeks. The disease commences frequently with diarrhœa, which lasts from three to four days, when it ceases, and the stools become for a time natural; the patient complains, on pressure, of pain in the epigastric, or in the right and left iliac regions; and the abdomen is slightly tumid, and has a puffy feel. As the disease advances, the patient is often seized with vomiting of a greenish fluid, which is always an unfavourable symptom. The dull suffused eye, frontal headache, low delirium, and decided anorexia, so characteristic of typhus, in nineteen cases out of twenty are in this disease absent.

"The less compressible state of the pulse, the clearness of the eyes, the flushing of the cheeks, the more florid, parched, and fissured state of the tongue, the comparative absence of the frontal headache, and *the complete absence of the typhus eruption, sufficiently distinguish* the disease from contagious typhus. To a practised eye, the colour of the face, the flushing of one or both cheeks, the clear eyes, and the irritative state of the pulse, are sufficient to distinguish this diseased state from typhus."

The above propositions Dr. Perry affirms to have been the result of careful observation in upwards of four thousand cases, and three hundred necroscopic inspections; and he regards them, with others which he lays down, as facts fully ascertained.

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[1] Typhus gravior; ship fever, jail fever, camp fever, petechial or spotted fever.

[2] Edinburgh Medical and Surgical Journal, for January 1836. p. 68.

It seems very clear from these and other observations, that dothinenteritis cannot, as was at one time imagined, be regarded as the universal concomitant of every form of ataxic and adynamic fever; and when it is present it is probably more accidental than is imagined by many. It is difficult to admit it to be synonimous with typhoid fever, unless we had the term "typhoid" more clearly defined and understood. There is none, perhaps, which is employed more indeterminately. Dr. Gerhard asserts that typhoid fever, which, as we have seen, he employs synonimously with dothinenteritis, were the only fevers known at Paris for some years past; but that in 1813—14 there occurred a severe epidemic fever, characterised by extreme prostration and strongly marked cerebral symptoms. The epidemic was first noticed amongst the troops who returned from the unsuccessful campaigns of Napoleon in Germany and the east of France, and spread in Paris and other large cities with extreme fatality. This complaint, as Dr. Gerhard remarks, was regarded by some of the French physicians, and amongst these by MM. Louis and Chomel, as identical with the prevailing dothinenteritis; but Dr. Gerhard thinks their opinion was probably erroneous, and that the disease ought perhaps to be looked upon as typhus fever, which, as already remarked, he esteems to be distinct from dothinenteritis. It need scarcely be said, however, that the sentiments of such accurate observers as Louis and Chomel ought not to be lightly disposed of, especially as no pathologists have exhibited themselves better acquainted with the diseases under consideration.

It has been our custom to examine the condition of the mucous surface of the intestinal tube in fatal cases of fever; but our experience does not enable us to pronounce with Dr. Gerhard, that follicular lesion belongs solely to the form of fever which he has described. On the contrary, we have frequently met with it in the remittent fevers of the country,—in those very cases, indeed, in which it has not been witnessed by Dr. Gerhard.

> "I examined," he remarks, "the pathological phenomena of our remittent and intermittent fevers of the severe malignant character so frequently observed along the southern coast, and sometimes occurring in those malarious parts of the country which are situated within a short distance of Philadelphia. In all these fevers, the glands of Peyer, as well as the other intestinal follicles, were found perfectly healthy; the large intestine was occasionally but not constantly diseased, while the stomach, and, to a still greater degree, the liver and spleen were invariably found in a morbid condition.
>
> "I made numerous examinations of the bodies of patients who died of the same variety of malignant remittent and intermittent during the summer of 1835, and still more freqently in the epidemic of 1836, a year in which these diseases have been unusually fatal throughout the southern states. The results of these late examinations have confirmed those already obtained, and showed that the follicles of the small intestine are free from lesions, and that the anatomical character of the disease is to be looked for in the spleen, liver, and stomach.
>
> "The bilious and remittent fevers are probably referable to the same class as the malignant remittents, but in yellow fever the disorganisation seems to be most extensive in the stomach, whence arises the black vomit, which forms a characteristic symptom of the disease."—*Amer. Jour.* p. 292.

This certainly does not tally with our observation. In the ordinary bilious fevers, we have repeatedly met with the anatomical characters that belong to dothinenteritis. The Baltimore Infirmary is a good school for the observation of those affections; and it is well known there, that nothing is more common, in fatal cases of remittent and intermittent fever, than to observe inflammation, or evidence of its having previously existed, in the mucous membrane of the duodenum and stomach, whence the irritation is, doubtless, propagated along the biliary ducts to the liver by continuous sympathy,—the last organ in this manner becoming implicated secondarily. "As far back as 1822," says Professor Geddings—at that time the editor's able colleague as physician to the Baltimore Infirmary, and professor in the University of Maryland—"we had occasion to recognise the enlargement and inflammation of the intestinal follicles of an infant, who died of an attack of autumnal fever, on the second day after the attack, in consequence of the supervention of convulsions. We have repeatedly met with it in those who had died at an early period of bilious remittent, yellow, and typhoid fevers; and wherever fever, whatever may have been its primary form, has been protracted, we do not remember to have seen a case in which some evidence of follicular gastro-enteritis, either in form of enlargement of the follicles, punctuated redness, extravasation, &c., did not exist; obscure, in some cases, it is true, but always sufficiently apparent when the intestine was fairly laid open, carefully cleansed, and held between the eye and a strong light, or examined with a magnifying glass."[1]

The discrepancy in the observations of so many pathologists sufficiently shows how much we have to learn before we can unhesitatingly adopt the nice distinctions in febrile cases that have been attempted.

Clinical Medicine.

In addition to the facilities afforded to medical students in Philadelphia for the study of practical medicine, by attendance on the practice of the hospitals and dispensaries, Dr. W. W. Gerhard, one of the physicians to the Blockley Hospital, a gentleman who has had numerous opportunities for witnessing disease at home and abroad, and has well profited by those opportunities, has commenced a series of lectures on the subject, which include the different physical means of investigating disease by auscultation and percussion, demonstrations of pathological anatomy, and the general diagnosis and treatment of disease. Daily visits are made at the hospital at an early hour in the morning, so as not to interfere with the ordinary business of the day. The students are instructed in the practical application of their knowledge at the bedside of the patients, and afterwards communicate the results of their observations to the instructer. They are also expected to present, from time to time, written statements of such cases as may be pointed out to them. These statements are afterwards examined and any errors which they may contain are corrected.

Case of Snake in the Stomach.

The individual whose case has made so much noise in this community, and given rise to so many miraculous stories, in the public journals, is under the care of the editor in association with Dr. Hatfield, an intelligent physician of this city. The case may afford occasion for some remarks from us hereafter. At this time they would be premature.

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[1] Baltimore Medical and Surgical Journal. No. I. for October, 1833, pp. 76.

GRADUATES OF JEFFERSON MEDICAL COLLEGE.

At a public commencement of the Jefferson Medical College, held on the 11th of March, the degree of Doctor of Medicine was conferred on the following gentlemen, by the Rev. Ashbel Green, D. D., LL. D., President of the Board of Trustees.

The subjects of the Theses are placed opposite each name.

ALABAMA.

Josiah T. Evans, Mania a Potu.

DELAWARE.

Louis H. Beatty, Blood-letting.
C. T. Chamberlain, Rachialgitis.
Alexander J. Jones, Marriage.

DISTRICT OF COLUMBIA.

James L. Brooks, On the Urine, &c.
Theo. J. Krouse, Remittent Fever.
Otis McDonald, Inflammation,

GEORGIA.

Wm. J. Anderson, Intermittent Fever.
James M. Green, Bilious Fever.
Thos. J. Johnson, Calorification.
Wm. G. McBride, Specific Medicines.

KENTUCKY.

R. S. Key, Puerperal Fever.
Jas. B. Bush, The Circulation.
P. E. Smith, Acute Hepatitis.
Thos. C. Tebbs, Cholera.

MARYLAND.

James W. Henry, Cinchona.
William H. Howard, Hernia.
Wm. H. Muse, Gonorrhœa.
Hillary Pitts, Acute Rheumatism.
Thos. G. Turton, Rheumatism.
David Trimble, Scrofula.
Jas. Q. Williams, Variola.
Henry Zeller, Bilious Fever.

MISSISSIPPI.

Richard G. King, The Coagulation of the Blood.
D. S. Newell, Cholera.
B. L. Phillips, Inflammation.
H. W. Stackhouse, Tartarised Antimony.

MAINE.

Wm. R. Morrell, Apoplexy.

MASSACHUSETTS.

Thos. H. Browne, Blood-letting.
P. S. Conner, Puerperal Peritonitis.
S. C. Foster, Kreosote.
Thos. Kittredge, Rheumatism.
E. E. Marcy, The Influence of the Mind in curing Diseases.

NEW JERSEY.

Columbus Beach, The Pulse.
Barzillai Gray, Remittent Fever.
Geo. R. Robbins, Croup.
Jno. S. Stout, Acute Hepatitis.
Chas. Skelton, Electricity.
Jno. Wiley, Intermittent Fever.

NEW YORK.

Frederick A. Cadwell, Phthisis.
Edwin Griffin, Concussion of Brain.
Wm. T. Green, Acute Rheumatism.
Thos. K. Kerr, Mediate Auscultation.
Wm. C. Lawrence, Practical Anatomy.
Charles Schussler, Prosopalgia.
Blin S. Sill, Gout.
Jno. W. Stearns, Jr., Chronic Diarrhœa.
Lawrence F. Storm, Arthrosa Acuta.
Daniel Thomas, Masturbation.

NEW HAMPSHIRE.

F. R. Harvey, Rachialgitis.

NORTH CAROLINA.

Daniel McGill, Puerperal Fever.

OHIO.

Dudley Allen, Pleuro-peripneumonia.
Patrick Cassidy, Metaphysics.
Michael Garst, Scarlatina.
Sherman Goodwin, Burns.
Levi G. Harley, Cataract,
James B. Hutchinson, Aphthæ.
Wm. L. Knight, Hydrocephalus.
Wellington Stanbery, Hooping Cough.
Pernett Thomas, Pneumonitis.
Elijah Young, Indigestion.

PENNSYLVANIA.

Alex. Black, Chronic Bronchitis.
Wm. Coryell, Local Diseases.
Jno. M. Cassel, The Science of Medicine.
James Fleming, Sanguinaria Canadensis.
Jonathan H. Gilbert, The Animal Economy.
Isaac W. Garretson, Modus Operandi of Medicines.
S. M. E. Goheen, Rachialgitis.
Howard H. Hopkins, Scarlatina.
Joseph B. Jones, Hydrocephalus.
Joseph C. M. Kane, Cantharides.
Jno. Leaman, Emetics.
Jno. A. Morrison, Typhus.
Jno. C. Murray, Inflammation.
Jno. A. McFarland, Croup.
James McClelland, Aneurism.
Luke V. Newton, Rubeola.
Ely Parry, Diseases of the Teeth.
James L. Reed, Mania.
Ross B. Richardson, Intestinal Veins.
Wm. H. Salter, Intermittent Fever.
Jno. Seiberling, Puerperal Convulsions.
Abraham D. Wily, Acute Rheumatism.
Saml. Webster, Diet.
James W. Wilson, Croup.

RHODE ISLAND.

James H. Eldridge, Iodine.

SOUTH CAROLINA.

Jno. P. Wallace, Typhus.

TENNESSEE.

Samuel S. Coffin, Cholera.
David M. Henning, Malaria.
Jno. A. Jordan, Angina Pectoris.
Jno. H. Marable, Amenorrhœa.
Wm. H. Merriwether, Curved Spine.

VIRGINIA.

Wm. N. Anderson, Diabetes.
Robt. B. Banister, Ulcers.
Robt. L. Blakey, Phlegmasiæ of the Lungs.
James W. Burnett, Compression of the Brain.
Joseph W. Bronaugh, Puerperal Peritonitis.
Albert G. Conway, Fever.
H. W. Chapline, Blood-letting.
E. A. Currie, Intermittent Fever.
P. D. Ewing, Syphilis.
R. H. Edwards, Dysentery.
Robt. T. Gibbs, Indigestion.
Robt. B. Hall, Tetanus.
Josiah J. Janney, Typhus.
Robt. F. Kennedy, Apoplexy.
F. C. A. Kellam, Acute Dysentery.
Wm. D. Lewis, Iodine.
Milton R. May, Phrenitis.
Jno. F. Miller, Diabetes Mellitus.
Richd. McIntosh, Cold.
Geo. L. Nicolson, Malaria.
Thos. W. Neal, Innervation.
Napoleon J. M. Smith, Chronic Hepatitis.
Gustavus A. Tompkins, Flatulent Colic.
Wm. S. Thruston, Stricture of the Urethra.
Geo. S. Thomas, Menstruation.
Lucius T. Wootten, Delirium Tremens.

IRELAND.

Wm. M. Hunter, Hydrocephalus.

UPPER CANADA.

Robt. McLean, Croup.

LOWER CANADA.

David See, Scrofula.
Gabriel Lachance, Cholera.

The Honorary Degree of Doctor of Medicine was then conferred on the following gentlemen:—

H. H. Hayden, Baltimore.—Robt. Thompson, Pennsylvania.—Jno. H. Kain, Connecticut.

The valedictory address, which has been since published by the graduates, was delivered by Professor Dunglison.

Professor Geddings.—We observe by the "Charleston Courier," of the 7th of March, that a new chair of "Pathological Anatomy, and Medical Jurisprudence" has been added to the Medical College of the state of South Carolina, to which Professor Geddings, of Baltimore, has been appointed. The talents of Professor Geddings are of so high an order as to render his appointment valuable to any institution to which he may be attached. We are pleased to see in the Baltimore papers a correspondence between Professor Geddings and the graduates and students of the University of Maryland, which is alike creditable to all the parties concerned.

Employment of Phloridzine in the cure of Intermittents. By Dr. Ch. Van Mons, *Member of the Société des Sciences Médicales et Naturelles, of Bruxelles.*

Phloridzine[1] has been found in considerable quantity in the fresh root of the pear and apple tree. The bark is cut and boiled in water. The decoction is then filtered; and, on cooling, semiopaque, amorphous crystals are deposited. Boiling water is saturated with them, and animal charcoal is added to the solution. It is now filtered and crystalised. Boiling water is again saturated with them, and filtration and refrigeration are again repeated. By allowing the solution to cool slowly, long, transparent and white crystals are obtained. These are the pure phloridzine. It is scarcely soluble in cold water; its taste is bitterish, and reminds one of a weak infusion of columba made in the cold. It experiences no change in the air; may be reduced to a fine powder; is fusible without loss of water, and sublimes.

Phloridzine has been administered in the same manner as the sulphate of quinine; sixteen grains a few hours before the first paroxysm; twelve grains before the second; six before the third, and four before the fourth. In four cases reported by Dr. Van Mons the disease was arrested by the first sixteen grains.[2]

BIBLIOGRAPHICAL NOTICES.

British Annals of Medicine.

We have just received from Messrs. Sherwood, Gilbert & Piper, of Paternoster Row, the publishers, the first number of a weekly medical periodical under this title, which commenced its career in London on the 7th of January last, and which bids fair, we think, to run a successful course. It consists of English communications, some of which we shall lay under contribution, of reviews and miscellanea. The number before us contains an article on the Pathology of Bone by Dr. Hodgkin: Observations on the Urine, by Professor Thos. Thomson, of Glasgow: on Spasmodic Tic, by

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[1] From φλοος, "the bark and inner bark;" and ῥιζα, "root." Qu? *Ed.*

[2] Bulletin Médical Belge; Mai 1836.

Dr. Marshall Hall: on the Removal of the Thyroid Gland, by Prof. Liston: on Puncturation for the cure of Hydrocele, by Mr. T. King: and on the presence of Lead in Orange-flower Water, by Mr. Squire.

Doane's Edition of Bayle's Anatomy.[1]

This is a most useful little manual for the anatomical student; its chief merits, as the American editor remarks, being great accuracy and conciseness of description combined with a happy arrangement of the subject. Its size adapts it well for the use of the student during his attendance upon lectures and dissections.

The first edition of Bayle's work, which we possess, was translated by Dr. Bennett of London.

Goddard's Plates of the Cerebro-Spinal Nerves.[2]

These plates are well adapted for the object contemplated. They are twelve in number, are well executed lithographs, and accompanied with appropriate explanations, and with an index so arranged that any particular nerve can be found on the instant. The author asserts that de does not pretend that the plates are original: on the contrary, he has wisely selected from large and expensive works such figures as were useful to the student, impressing on them the modifications which he thought proper. Originality in such cases would be misplaced.

We recommend this volume to form a part of the library both of the student and practitioner.

Quain's Anatomical Plates.[3]

We have just received the forty-third fasciculus of this valuable anatomical work, the price of which, in England, is two shillings. It contains a beautiful plate (No. 37) of the great venous trunks which unite to form the superior vena cava. The internal jugular veins are brought into view by removing the sterno-hyoid, sterno-thyroid, and the lower portion of the sterno-mastoid muscles. The heart and the great vessels arising from its base are exposed by sawing through the clavicles and ribs, and removing the sternum, with the whole anterior wall of the thorax. The second plate exhibits the spinal veins. They are both beautifully executed.

The work will consist of five divisions: the *first* contains the muscles; the *second* will contain the heart and blood-vessels (arteries and veins), with the lymphatic and lacteal vessels; the *third*, the brain and spinal marrow, the nerves and organs of sense; the *fourth*, the organs of digestion, respiration, and secretion, and the *fifth*, the bones and ligaments. It is now in its second division only.

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[1] An Elementary Treatise on Anatomy. By A. L. J. Bayle, M. D., Adjunct Professor of the Faculty of Medicine at Paris, &c. &c. Translated from the fourth edition of the French. By A. Sidney Doane, A. M., M. D.; 24mo, pp. 470. New York, 1837.

[2] Plates of the Cerebro-spinal Nerves, with references; for the use of Medical Students. By Paul B. Goddard, M. D., Prosector of Anatomy in the University of Pennsylvania; Member of the Academy of Natural Sciences, of the Philadelphia Medical Society, &c. 4to, pp. 60. Philadelphia, 1837.

[3] A series of Anatomical Plates, in lithography, with references and physiological comments, illustrating the structure of the different parts of the human body. Edited by Jones Quain, M. D. Late Professor of Anatomy and Physiology in the University of London, and William J. E. Wilson. Fol.

Professor J. P. Harrison's Oration.

We have received an interesting oration on the guidance of a sound philosophical spirit in the investigations of medical science, read before the Cincinnati Medical Society, January 4, 1837, by John P. Harrison, M. D., Professor of Materia Medica in the medical department of the Cincinnati College, which was printed by order of the society. It enquires judiciously into the errors incurred by investigators of the animal economy; on the proper mode of avoiding these; and into the importance of the different departments that constitute the science of medicine. We should be disposed to speak still more favourably of this production, might it not be presumed that the kind manner in which the author has spoken of our exertions had suggested the encomium.

Brodie's Lectures on Nervous Affections.[1]

These lectures are three in number. They treat of the theory of local nervous affections, and the principles on which their management should rest; of various forms of local hysterical affections; of the pathology of hysteria, and of the treatment of local hysterical affections. They will be printed entire in the "Library" portion of the next number.

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[1] Lectures Illustrative of Certain Local Nervous Affections. By Sir Benjamin C. Brodie, Bart., F. R. S.; serjeant surgeon to the king, and surgeon to St. George's Hospital. 8vo, pp. 88. London, 1837.

The present number of the "American Medical Library" contains the "Treatise on Blood-letting," by Wardrop, which was promised in the prospectus first issued. Dr. Wardrop is well known as the author of Essays on the Morbid Anatomy of the Eye (Edinb. 1808. Lond. 1818); of Observations on Fungus Hæmatodes (Edinb. 1809); of a work on Aneurism (Lond. 1828); and as the biographer of Dr. Baillie, (Lond. 1825).

The article by Dr. Benjamin Babington "On the Morbid Conditions of the Blood," is the first of a series of valuable monographs, to be selected from the best cyclopædias, transactions of societies, &c., which cannot reach the large mass of physicians and surgeons excepting through a publication like this. When a sufficient number shall have been reprinted to form a volume, a title page and index will be furnished.

Of Dr. Stokes's admirable "Lectures on the Theory and Practice of Medicine" much need not be said. Their value may be estimated by the occasional lectures, which have been copied from time to time into the different American periodicals.

N. B. The title-page, table of contents, and index to the different works cannot be given until they are respectively completed.

To our correspondent from White Oak, Georgia, who signs himself "An Old Student," we feel greatly indebted for the kind manner in which he speaks of our exertions in the cause of medical science. On reference to the work to which he alludes in the early part of his letter, he will find that it was never intended to give a detailed account of the different articles of the materia medica. To his suggestion, that the editor would "honour the profession with a work on the Practice of Medicine," he would merely reply, that in addition to the extant works on the subject, and to the one commenced, in the first number of the "Library," a "Treatise on the Practice of Medicine, or a systematic digest of the principles of general and special pathology and therapeutics," in 2 vols. 8vo, is announced from the experienced pen of Professor Geddings, now Professor of Pathological Anatomy and Medical Jurisprudence in the Medical College of the state of South Carolina.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. 1. **April 15, 1837.** **No. 2.**

Art. I.—HEALTH OF NEW ORLEANS.

BY PROFESSOR CALDWELL.

In a very interesting memoir, by Professor Caldwell,[1] of Transylvania University, which was delivered as an introductory lecture to his class in November last, the author affirms, that the *floating portion* of the population of New Orleans fills, now, perhaps *eight tenths* of the annual bills of mortality; and he goes into some valuable considerations as to the course to be adopted by the unacclimated; and likewise as to the best means to be pursued by the city authorities for diminishing the effect of the locality upon them. "Cleanliness, purity, and temperance," he says, "include in their signification all that is requisite to render New Orleans one of the healthiest cities in the world." They certainly can do much. The experience of every community has shown, that as cleanliness and ventilation have been attended to diseases have disappeared; but it has been equally shown, that whilst the same cares have been given to a locality the malaria has at times fitfully and capriciously returned.

Between the able author and ourselves, there is an honest difference of sentiment as to the causes that give rise to malaria; which he considers to be so completely the result of vegetable decomposition, that he is doubtful whether shingles should be used as a covering for habitations, or billets of wood as a paving for streets! Our opinion, to which he has alluded, with expressions too complimentary to ourselves, is, that we know nothing of the causes that induce it; that we are as ignorant of the malaria that gives rise to intermittent, as we are of that which causes goître at the foot of lofty mountains, or pellagra in the Lombardo-Venetian plains. That it is connected with the geology is clear, but further we know not.

The following are Professor Caldwell's views on this point:—

> "As to what is called a 'malarious soil,' I believe it to be formed exclusively by a mixture of the *detritus* of dead organic matter with the primitive earths. It is impossible for me to think of it in any other light; for I cannot believe that it is *purely terrene;* and that marsh miasm is a *mineral poison.* Yet such it *must* be, if it be not an animal or vegetable creation: wherever the kind of organic detritus referred to exists, there may the febrile miasm be produced; and where it does not exist, it cannot be produced. Nor is it difficult to tell the soils of which the source of febrile poison makes a part. Into the composition of all *alluvion*, whether ancient or

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[1] Transylvania Journal of Medicine, vol. xxxiv., p. 601.

modern, but especially the *latter*, the relics of dead vegetable and animal matter uniformly enter. So do they into the composition of all *fertile* lands. Without them lands are necessarily barren, with them they are productive; the most nutritive food of plants being derived from an organic source. Hence in all alluvial regions, bordering on rivers, lakes, and arms of the sea, febrile miasms exist, and produce their deleterious effects. So do they, more or less, in every region where the soil is *prolific*. To this even mountainous countries are no exception. On the sides of the Alps, where human industry has enriched the soil with the *debris* of dead organic matter, and rendered it productive, autumnal fever, the offspring of malaria, frequently appears. And, during the summer and autumn, some portions of the Apennines are quite sickly. Let the soil of a malarious district be accurately analysed, and I hazard nothing in saying, that it will be found to contain more or less of the *debris of organic beings*. My reason for pressing this point on your attention, more earnestly than I otherwise would do, is, that one of the most distinguished medical writers and teachers of our country inculcates on it a different, and, as I believe, an erroneous doctrine. He denies to malaria either an *animal* or a *vegetable* origin, or yet an origin compounded of the two! Of course he must regard it as a *mineral* production! In this belief, as far as I am informed, he stands perhaps alone." p. 608.

In this last view, the intelligent author, we conceive, labours under a misapprehension. Some of the ablest cotemporaries share in our dissatisfaction with the evidence commonly adduced in favour of the vegetable or animal origin of malaria. Professor Caldwell is well aware, too, that some believe it to reside in animalcules! There can be no soil that does not contain more or less argillaceous and siliceous matter, yet we should not be justified in referring malaria to those constant constituents of the soil; and again, it is well known, that, in numerous fertile districts, malaria—that which gives rise to intermittent and remittent fevers in certain localities—is almost, if not wholly, unknown. In New England, intermittents are comparatively rare, even in soils of which, to use the language of Professor Caldwell, the source of febrile poison makes a part.

Art. II.—CASES OF SPASMODIC TIC.

BY MARSHALL HALL, M. D., F. R. S.[1]

The following detail is interesting in its physiologico-pathological relations. It exhibits, too, the divisions and views of the nervous system, embraced by Dr. Hall in his "Lectures," which have been reprinted in this country, and to which we refer those who seek for farther developments.[2]

"The nervous system is divisible into *three* sub-systems, if that term may be allowed: the *first* of these is the cerebral, and consists of the sentient and voluntary nerves, with their centre, the cerebrum; the *second* is the *true* spinal, and consists of excitor and motor nerves, with their centre, the true spinal marrow, distinguished from the sentient and voluntary nerves which run along its course; and the *third* is the ganglionic, comprising, with the ganglionic of the head and face, and with that of the cavities, the grand sympathetic, the major portion of the *fifth* and the posterior spinal nerves, the ganglionic of the extremities.

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[1] British Annals of Medicine, No. 1. p. 10.

[2] Lectures on the Nervous System and its Diseases. By Marshall Hall, M. D., F. R. S. L. & E., Lecturer on the Theory and Practice of Medicine, &c. 8vo. pp. 240. Philadelphia: Carey & Hart. 1837.

"It is with the *second* of these subdivisions of the nervous system that we have to do at present. It is distinguished, pathologically, as being the exclusive seat of convulsive and spasmodic diseases. These diseases may have their seat or origin, first, in an *excitor* nerve, as in the case of traumatic tetanus; secondly, in the *spinal marrow*, or the centre of the system itself, as in the tetanus arising from disease within the spine; and, thirdly, in the *motor* nerves, as in certain cases of strabismus and of torticollis, and, in the subject of this paper, the spasmodic tic.

"The character of the disease is frequently given by the division of the system affected; disease of the excitor nerves generally assumes that of a spasmodic affection; that of the spinal marrow, or of the motor nerves, is either spasmodic or paralytic.

"I first observed the spasmodic tic in an interesting case which occurred in 1817, and which I published in the *Edinburgh Medical and Surgical Journal*, vol. xiii. p. 63:—

'Miss Inman, aged 19. Two years ago, in the winter season, the face became affected, during the course of one night, in the following manner: all the muscles of the right side of the face were drawn into a state of spasmodic contraction; the sensibility of the skin became much impaired, the contact of an external object inducing a feeling of numbness; there were a degree of swelling and considerable pain; and a sense of rigidity was felt in the muscles of the right side of the neck.

'The muscular contraction was permanent, and very considerable: the right angle of the mouth was drawn downwards; the retraction of the integuments, the effect of muscular action, and usually observed extending from each nostril obliquely downwards, is, on the right side, very deeply marked; on the left, it is seen in its natural state. The tongue, when protruded, is drawn a little towards the right side; the point of the nose is considerably so. The right eyebrow is drawn a little lower down than the left one; and two small dimples, the effect and evidence of muscular contraction, are seen immediately above it. A dimple in the chin is also distinctly marked, and is drawn considerably to the right of the mesial plane of the face. Articulation was, at first, very indistinct, and is still so in some degree; the letter *S*, especially, is pronounced with difficulty, and participates in the soft sound of *th*. There is no difficulty in deglutition; but considerable inconvenience occurs during mastication, from a tendency of the bolus of food to pass and collect in the right side of the mouth. On closing the right eye, a degree of tightness is induced and felt at the right angle of the mouth; this tightness is seen even when the patient speaks with the right eye perfectly closed. On drawing down the right angle of the mouth, by an effort of the muscles of this part of the face, the upper eyelid of the right eye is also drawn sensibly downwards, and the eye is partially closed. In the first instance the eye was closed with difficulty.

'The state of contraction of the muscles is seen much more distinctly, and the deformity induced is much greater, on speaking or laughing, than when the patient is in a state of tranquillity.

'At present, the contraction of the muscles is much less than at first. The sensibility is perfectly restored. The diminution of the symptoms took place during the administration of electricity, the operation of blisters, and the exhibition of an emetic, followed by purgative medicines.

'This affection was considered by the patient as an effect of cold. The swelling and pain were deemed an attack of toothache; but without reason, as there was no decay of any of the teeth. Before and about the period of attack, pains were experienced in both arms and wrists, and were considered rheumatic. During two years previously to the accession of the affection described, this young lady had experienced some general indisposition, having been feeble, nervous, and subject to difficulty of breathing, and palpitation of the heart. The catamenia had been somewhat irregular. The ankles were affected with œdematous swelling in the evenings of each day.'

"An interesting case of a *similar* affection, induced by a musket-shot, is given in the *Annuaire Medico-Chirurgicale des Hôpitaux*, published in 1819:—

'On the 27th of February, 1814, Charles Leroux was wounded at the battle of Bar-sur-Aube. The ball struck him, from the distance of fifteen paces, on the left side of the face.

'He felt but a slight pain at the instant he received the wound. The only consequences which followed, were a trifling swelling of the cheek, with a slight alteration in vision, shooting pains in the eyes, and a peculiar sensibility accompanying the act of mastication. Twelve days after the accident, the wounds were completely cicatrised.

'The most extraordinary circumstance of this case is, that when this man attempts to speak, laugh, or eat—in fact, whenever it is necessary to move the jaws, the sub-labial muscles contract involuntarily, and as if by sympathy. While the jaws are at rest these muscles appear to be in their natural state, and the face offers no traces of change; but no sooner are the jaws moved, though very slightly, than the act is accompanied with the most frightful grimace, of which the patient is unconscious. The countenance changes and becomes hideous, and it is hardly possible to recognise it. This alteration of the features is much greater on the left than the right side of the face. This phenomenon may, I think, be explained by the lesion of the sub-orbital nerve(?) With regard to the sensibility accompanying the mastication, which, a month after the accident, was still felt, it must be attributed to the passing of the ball through the sub-maxillary alveoli, and to the shock resulting from it.'

"It is plain, from the recent progress made in the physiology of the nervous system, that the author is entirely mistaken in thinking that this disease was one of injury of the sub-orbital nerve. It was the *facial* which was injured, probably partially divided by the ball.

"With these cases I would now compare the following one, which occurred to me in 1834:—

'George Jefferson, aged 40, formerly a lamplighter, now a seller of fruit in the streets, was affected three years ago with general rheumatism, in the midst of which this singular affection of the muscles of the face came on.

'The two sides of the face are not alike; the left is nearly natural, but the right is affected with spasmodic contraction: the chin is drawn to the right side and dimpled; the right angle of the mouth is drawn downwards; the right eyebrow is higher than the left. Sometimes there is a little rapid spasmodic action of the muscles.

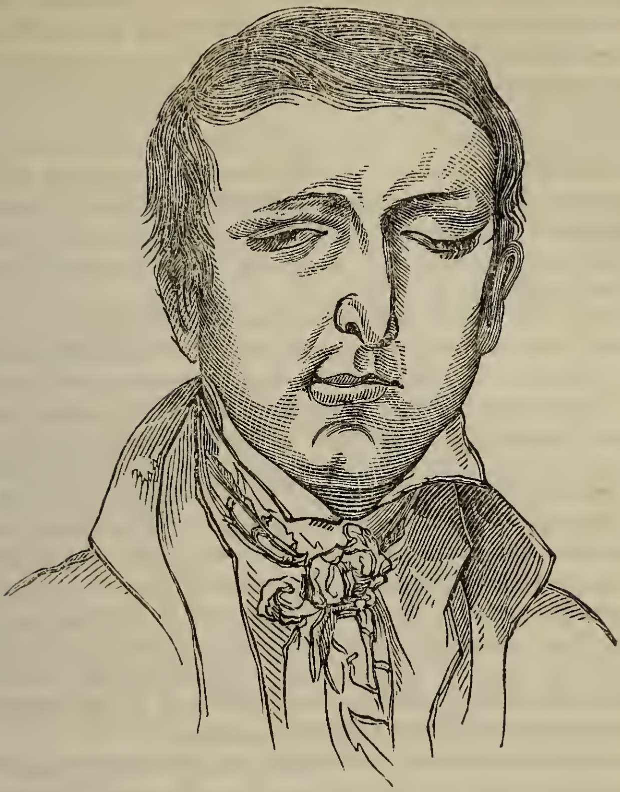
'When he is told to shut the eyes promptly and forcibly, the distortion is tenfold: the right eye is drawn and only partially closed; the right angle of the mouth is drawn spasmodically downwards; the nose and the chin are drawn to the right side.

'He laughs, and bites, perfectly, on the left side. On attempting to open the mouth wide, it is obviously tied by the muscles of the right side. He cannot whistle; in the attempt to do so, the mouth is drawn to the right side.

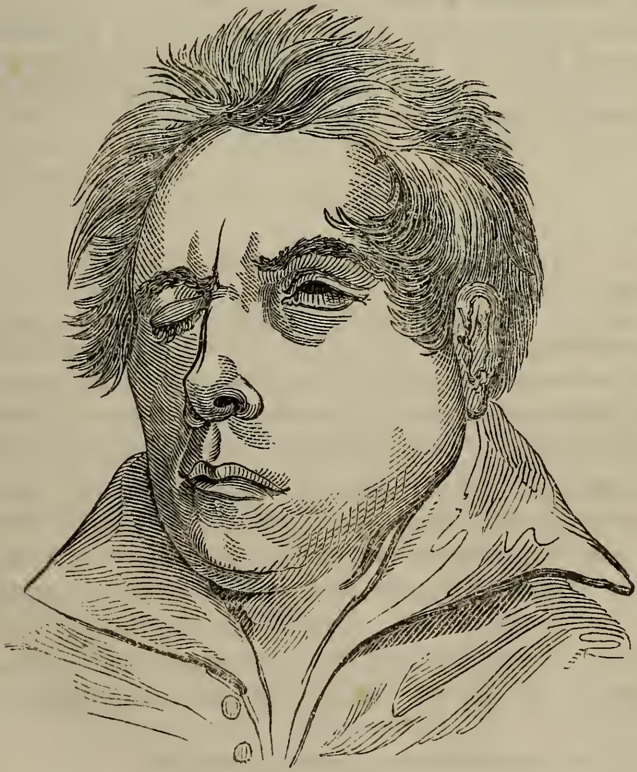
'He takes snuff through both nostrils indifferently; on sneezing, the left side of the face is chiefly distorted.

'The right side is a little benumbed in feeling. It is also colder, after exposure to cold, than the left.'

"Of this case the following sketch was taken by an artist of great talent:—



"It may be compared with this second sketch, which is taken from a patient affected with paralysis of the seventh or facial nerve:—



"In both these cases the face is drawn to the right side; but in the *first* it is the right eye, in the *second* it is the left, which cannot be closed. The first case is one of *spasmodic* affection, the second of *paralytic* affection of the seventh or facial nerve, the former affecting the *right*, the latter the *left* side of the face.

"These cases might give rise to a multitude of reflections; but these will naturally occur to every reader. I will, therefore, occupy the space which they would engross, by giving another interesting case. It is taken from a paper by Dr. Powell, published in the fifth volume of the Transactions of the Royal College of Physicians. It seems to be a case of *paralysis* of the facial nerve from exposure to cold.

'In the end of 1803, I was desired to see a child, the right side of whose face was relaxed as in ordinary hemiplegia, and who had also lost the power of closing the right eye, so that great inconvenience arose from the overflow of the tears. There was no paralytic affection of any other part of that side of the body, and no swelling nor pain in the face; the pupil of the eye was sensible to light, he had full command over the muscles of the tongue, and there was no abatement in the activity of his playfulness, or derangement in his general health. The morbid relaxation of a particular set of muscles, and the loss of voluntary control over them, was his only complaint; and on investigating its probable origin, I found that he had been exposed at a window on Ludgate-hill during the exhibition of a city pageant, that a sharp and cold wind blew directly upon that side of the face which was now affected, and that the loss of power was perceived on the following morning. This child recovered very gradually, and the turn of the affected side of his face had not wholly disappeared in three months.'

"The spasmodic tic is distinguished by the defective power of the orbicularis on the contracted side of the face; paralysis of the facial nerve, by the same phenomenon on the relaxed side. Both are distinguished from hemiplegia by this imperfect closure of the eyelids.

"I have recently had a case of spasmodic tic, combined with defective vision on the affected side, and other symptoms denoting disease within the cranium. Mercury was tried in the fullest manner, at first with apparent advantage, but eventually without any good effect.

"The spasmodic tic, such as I have described it, is generally induced by exposure to severe cold. It appears to me to be inflammation in the course of the facial nerve. It is treated most successfully by leeches, fomentations, &c., combined with remedies for the general health."

Art. III.—CASE OF DYSCRASY.

BY THE EDITOR.

In a recent publication[1], the editor has drawn attention to the influence which saccharine matter is capable of exerting in certain cases of dyscrasia, as in the consequences of syphilis, in chronic cutaneous eruptions, &c. The mode in which the sugar acts is doubtless by modifying the condition of the fluid of the circulation. When sugar is added to venous blood out of the body, it immediately communicates a florid hue to it, in the same manner as many salts, which are presumed to have an alterative effect when administered internally. Some change is produced by all those alterative agencies, so that when the modified blood attains the capillaries it induces a new action in them, and breaks in upon the pathological catenation that constitutes the cachexia. When the capillary functions are morbidly affected, as in chronic cutaneous eruptions or ulcerations, there are two great methods in which we may reach the disease,—the one is by the application of external remedies to the diseased capillaries,—the other is by changing the impression made upon them internally by the fluid that circulates within them. Sugar—like arsenic, creosote, iodine, and other alteratives—acts in the latter way.

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[1] General Therapeutics, p. 496, 536.

The success which we have met with in the removal of inveterate eruptions from the administration of sugar, in the manner to be mentioned presently, has induced us to infer, that the different alterative syrups, officinal and empirical, may be mainly, if not entirely, indebted for their efficacy to the sugar they contain.

Early in last November, a lady, from a distant city, came to Philadelphia to place herself under the care of a distinguished professional friend, who advised her to consult the editor. Four years ago, her husband, who was a dissolute character, had contracted syphilis, and communicated it to her. She had applied to several physicians, but without experiencing entire relief. Ulcerations existed on various parts of the body; she had nodes on the tibia, &c., added to which she had been unable to sleep, in consequence of severe pains in the bones, for the eighteen months prior to her arrival in Philadelphia. In order that full opportunity might be afforded for recovery, she took a house, had her furniture sent to her, and determined to reside during the winter in this city. She had already taken various forms of mercurials, and amongst the rest, had persisted, for a length of time, in the use of the solution of corrosive sublimate. The solution was, however, directed again, so that she should take one sixteenth part of a grain of the bichloride three times a day; and, in addition to this, she was ordered to dissolve a pound of rock candy in a pint of water, and to take a wine glass full of this solution four times a day. Under this course, the ulcers healed; the nodes disappeared; the osteocopi ceased; her nights were passed in comfort; and, at the end of five weeks, she was so well that she determined to rejoin her family; quitted her house; removed her furniture; and went away in the middle of December with feelings of perfect recovery. She was recommended, however, to persevere in the plan advised. Since then we have not heard from her.

Art. IV.—CONSIDERATIONS ON BLEEDING FROM THE ARM.

BY M. LISFRANC.

The preceding part of the "Library" contains an essay on blood-letting therapeutically considered, and another on the morbid conditions of the blood. We extract the following account of the operation of phlebotomy, from the lectures of a distinguished surgeon of La Pitié, one of the most extensive of the hospitals of the French metropolis. The version is from a report in "La Lancette Française, Gazette des Hôpitaux," for September last.

We may remark, by the way, that one of the worst cases of wounded nerve, in the operation of bleeding at the bend of the arm, which we have seen, occurred in the case of a respectable lady of this city, whom we directed to be bled. The operation was accordingly performed by one of our most dexterous phlebotomists, to whom not the slightest blame can be attached. This was in October last. Ever since she has suffered more or less from neuralgic pains of excessive severity, and from modified nutrition of the fore-arm, giving occasion to irregular attacks of hyperæmia. It was recommended that the nerve should be divided above the injured part, but she was not able to attain the necessary degree of courage for the operation, simple as it is. Rest—keeping the arm in a splint—has been chiefly trusted to; in other words, *time* has elapsed, but the parts have not yet become accustomed to the mischief.

"I have spoken to you of an unfortunate case of blood-letting, performed in the vicinity of Paris. It is not necessary that I should again say, that a traumatic aneurism ensued; you will recollect that we were obliged to tie the brachial artery at the lower third of the vessel. In this piont of view, and in many others, I consider it may be useful to speak to you of phlebotomy as practised in the veins of the fore-arm. I do this with the more pleasure, as, since Lafaye, surgeons have scarcely attended to this operation; as many gaps in the science yet remain unsupplied, and as the accident that occurred to the patient in the *Salle Saint Antoine* is not uncommon. In ten years I have seen it[1] four times.

"The ulnar artery is more frequently subaponeurotic, through the whole extent of its course, than is imagined. The radial artery rarely presents the same anomaly.

"There are cases in which the humeral artery is situated much nearer the internal tuberosity of the os humeri than anatomists have indicated. In my courses of operative medicine, I have seen three subjects in whom it was at the inner and lower part of the arm, and in whom it bent almost to a right angle to reach the anterior and middle part of the cubito-humeral articulation.

"A nearly similar arrangement I have exhibited on one of my prosectors.

"Before applying the ligature, it will be necessary, then, to satisfy ourselves whether such anomalies exist, as the pressure might diminish or arrest the pulsations of the artery, and prevent us from discovering the anatomical variations.

"I have seen one subject in whom the student could not expose the humeral artery towards its lower portion. I sought and found it covered to the extent of three fingers' breadth above the articulation by the superficial and inner muscular fascia of the fore-arm, which extended to the height I have mentioned. The preparation forms part of the fine series of anatomical varieties, collected in the amphitheatre of the hospitals by M. Serres.

"The mention of this case is enough to prevent any embarrassment when we are desirous of bleeding, or of tying that artery. At times, more veins, and at others fewer, are met with than anatomists have usually pointed out. Every one is aware how much the direction and number of those vessels varies; but it is a remarkable and very important fact, that the more numerous the veins are near the outer side of the limb, the fewer are the nervous filaments near them.

"The musculo-cutaneous nerve does not disengage itself from between the brachialis internus and the biceps until about the height of the middle of the tendon of the latter muscle. Above this point I have never found nervous filaments around the median cephalic vein.

"It follows from the facts of surgical anatomy, which you have just heard—

"*First.* That the upper part of the median cephalic vein is the most advantageous point to practise blood-letting.

"*Secondly.* That in those whose muscular system is somewhat developed, the pronation of the fore-arm covering with the supinator longus the musculo-cutaneous nerve and the tendon of the biceps, the operation may be performed lower.

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[1] Traumatic Aneurism.

"*Thirdly.* That in cases where the muscles are thin, pronation might not fulfil the object, unless to this position of the arm there be added a slight degree of flexion.

"*Fourthly.* When we cannot open the median cephalic, preference should be given—1st, to the external radial; 2d, to the internal radial; and 3d, to the middle median.

"But let me not omit to remark, that if this vein should creep in the muscular interstice formed by the supinator longus and the pronator radii teres, it may have beneath it nervous filaments, injury to which would become almost inevitable; and that, besides, in those whose muscles are little developed, the radial artery situated, in such case, immediately under the ante-brachial aponeurosis, might be wounded. This vein, then, ought not to be opened except when it is situated on the outer or the inner side of the muscular interstice of which I have spoken.

"*Fifthly.* The great number of nervous filaments which accompany the ulnar veins, would seem to render it improper to open them; but if blood can only be obtained from them, the external should be preferred.

"Every time I have been occupied with the subject of blood-letting, in my operative course, I have asked of the pupils if their median basilic vein had not been opened. Almost always we found this to be the case, and immediately at the spot where it corresponds with the artery. Why is phlebotomy practised at this place? It is owing to the vein being more prominent there; but evidently if it can be detected by the touch at the part of which we are speaking, its fluctuation may likewise be very well felt, either on the inner or the outer side of the brachial artery. The median basilic vein should be opened on the outside of the artery.

"When the anastomosis between the median basilic and median cephalic takes place too near the inner condyle of the humerus, bleeding in the median basilic should be performed on the inner side of the artery; the median nerve, it is true, might be injured, but its injury would produce less mischief than the opening of the artery.

"The nearer the angle formed by the median basilic with the axis of the brachial artery approaches a right angle, the more easy will it be to put those principles in execution.

"When the median basilic descends almost parallel to the axis of the limb, it creeps, in many cases, on the body of the biceps and on its tendon. Its anastomosis with the median cephalic is then situated more on the outside. It is easy to avoid the artery by bleeding on that side.

"The sleeves of clothes worn by females, especially in the country, are extremely narrow. The operator commonly folds them up; applies the bandage; bleeds, and frequently in an instant the blood ceases to flow. I have seen young surgeons anxious to open the vein a second time. This inconvenience may be avoided by making the patient take her arm out of the sleeve.

"The sub-cutaneous veins, especially those of the lower extremity, contain much less blood in the morning, when the patient is still in bed; under such circumstances it is often very difficult to discover vessels. If practicable, the patient should rise and take a little exercise.

"It has been affirmed, that, when a vein has been frequently opened, and there are many cicatrices, it ought not to be opened again, because it may be found wholly obliterated, or too narrow to yield the requisite quantity of blood. This precept has been copied and recopied from age to age, but pathological anatomy contradicts it.

"For eighteen years, during which I have practised operative medicine on the subject, I have dissected these veins, or had them dissected, in an infinite number of cases, yet I have never found them completely obliterated; the vessel had almost always preserved its ordinary capacity, but its calibre was rarely diminished. The error, I think, is owing to the difficulty often experienced in feeling the fluctuation of the vessel, in consequence of the induration and thickening of tissues caused by the cicatrices.[1]

"The phlebotomist frequently fails in drawing blood, and often pierces the vessel through and through, in persons who are very fat. These accidents are owing to his operating with too much rapidity. The instrument ought to penetrate the parts slowly; the want of resistance will then be readily felt when the lancet enters the vein, and the blood will be seen ascending along the blade. By taking these precautions we need not fear penetrating too deeply, especially if, as before advised, the vein has been well felt and commanded.

"Two kinds of lancets are generally used, the one shaped like a grain of oats (spear-pointed), the other like a grain of barley (broad-shouldered). In my opinion the former should be employed exclusively; for if the vessel be seated deeply, the broad-shouldered lancet has the inconvenience of cutting the skin too much; if the vessel be superficial, a solution of continuity may be produced by the spear-pointed lancet sufficiently great to allow of a ready issue to the blood, by gently depressing the handle of the instrument.

"If the operator has failed to draw blood, he ought, before having recourse to a second incision, to attend to the following points:—

"1. He should satisfy himself that the solution of continuity of the integuments is placed over the vein which he is desirous of opening. In such case, he may say to the patient, to tranquilise him, that a small piece of fat prevents the blood from flowing, and, without displacing the skin, he may carry again his instrument into the solution of continuity. I need scarcely say, that the lancet, by penetrating more deeply, will open the vessel, and in this way the disagreeable feeling of a double puncture may be avoided.

"2. In case the wound in the integuments does not correspond with that in the vessel, its place should be changed, and endeavours made to bring them into the same line, which will often succeed.

"It has been maintained, that when the vessel is large and prominent, it should be opened by carrying the lancet almost horizontally over it. This precept is bad, for the textures that cover the vessel will thus be divided to a greater extent, and there will be more likelihood of meeting with nervous filaments, and, consequently, of causing more pain. The puncture ought always to be made perpendicularly.

"It happens, occasionally, that on pressing the vessel with the thumb to prevent it from rolling, it becomes almost entirely emptied at the part where it has to be opened. To avoid this inconvenience, it may be compressed at the same time with the index finger of the same hand, above that point.

"When general blood-letting is indispensable, and yet it is impossible to see or to feel the veins of the foot, the leg, the wrist, the fore-arm, or arm, phlebotomy must be abandoned, notwithstanding all its advantages. It cannot always be replaced by arteriotomy or by local bleeding; but as the cephalic vein always runs under the interstice formed by the deltoid and pectoralis major muscles, might it not be exposed and opened? The operation is extremely easy. It is sufficient to make an incision of about an inch in length, parallel to the axis of the humerus, and at a finger's breadth on the inner side of the top of the coracoid process. After having divided the skin and cellular tissue, the vessel will be seen."

"M. Lisfranc," says the reporter, "made many other less important remarks on bleeding from the arm, which he executed before his pupils. We have only inserted here the most striking points of the three beautiful and animated lectures on phlebotomy by the surgeon of La Pitié."

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[1] We have often had occasion to confirm the fact of the pervious state of the vein in the cases in question.—*Ed.*

ART. V.—CHOLESTERINE IN THE PURIFORM MATTER OF AN ABSCESS ON THE INNER PART OF THE CHEEK.

BY M. LASSAIGNE.

Cholesterine is a substance found in quantity in human biliary calculi. It is inodorous, insipid, in white shining scales; fusible, and crystalising in radiated fibres on cooling. Soluble in alcohol.

In the year 1825, M. Caventou, in a communication made to the Académie Royale de Médecine, related, that he had found cholesterine in a substance obtained from an abcess on the cheek. A similar instance has been recently observed by M. Lassaigne.[1] He considers them to prove, that cholesterine is much disposed to separate from the blood in tumours or abscesses that occur about the head and face; and that its existence in the blood—as proved by the analyses of Denis, Lecanu, and Boudet Fils—explains its presence in certain morbid products.

Future observations will show whether cholesterine is met with in the pus of abscesses in other parts. It would be somewhat strange if it were restricted to the abscesses in the situations mentioned.

ART. VI.—CURIOUS CASE OF ABSORPTION OF BONE.

BY JOHN H. MARABLE, M. D., OF TENNESSEE.

The following singular case of absorption and reproduction of bone, is taken from a letter, dated Feb. 27, 1837, (with an extract from which we have been favoured), from Dr. John H. Marable, a respectable physician of Tennessee, to his son, Dr. John H. Marable, Junr., who recently graduated in this city.

"I wish you to consult Dr. McClellan relative to the case of Rye's negro; he is now about ten years old. When about three years of age, a softness or absorption of the skull occurred in several places, say five or six. These would occasionally close and be observed in other parts; and these changes have continued until within the last twelve months; at this time, the nose with all its bones, one of the maxillary bones, and those of one eye, are entirely absorbed and soft, so that the pulsations of the brain can be as distinctly felt as those of the wrists. His intellect is somewhat impaired, but not until lately. The eye-ball of the side affected is protruded, or rather appears so, from the absorption of the bone. All these appearances I have examined within the last day or two. He has a great appetite, sleeps much, and can walk about pretty well. There is no doubt that at this moment more than half the bones of his scull and face are wholly absorbed. His condition is attributable to no known cause; he is of usual size, and the rest of his body—the head being a little too large—is of the usual form and proportions. It is a rare case, and no relief is expected, but the master of the boy, as well as myself, would like to know if such a case has ever come under the care of Dr. McClellan; and further, his opinion relative to it."

We hope that Dr. Marable will favour us with further particulars respecting this anomalous case.

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[1] Journal de Chimie Médicale, Nov. 1836. p. 581.

ART. VII.—DRS. HIRSCH, BLANDIN, AND J. M. WARREN, ON ANAPLASTIC SURGERY.

The transplanting of one part of the body to another is an ancient operation. It was termed of old, "*chirurgia curtorum*," (surgery of grafts,) and at present *chirurgia anaplastica*, *autoplastice*, *monoplastice*, the restoration or transplantation of parts, &c.

Dr. Hirsch's dissertation[1] is dedicated, amongst others, to Dieffenbach, on whose surgical precepts the author places the greatest reliance. He thinks, with that professor, that parts, which have been removed from the body, may admit of union from a quarter of an hour to an hour after their separation. He refers to the question, whether the parts to be reunited should have any irritating, spirituous, or balsamic remedies applied to them; or whether they should be rubbed—as Dieffenbach and others have advised—in order to augment the vitality of the parts, and render them more fitted for adhesion. In experiments, instituted by him on rabbits, this was not necessary; and the course has been disapproved of by others—we think, on rational grounds—being more likely to exhaust than to augment the irritability.

In the rhinoplastic operation, he lays down the law,—that the skin to be restored must exceed the extent of the defective portion by one third, in both length and breadth, else it will not be large enough. During the cure, the graft becomes corrugated and dense, and of much smaller size. The best method, Dr. Hirsch thinks, for preventing gangrene in the translated portion, is the antiphlogistic.

In the rhinoplastic operation, the skin of the forehead is used without any of the muscular flesh beneath. There are two cases, however, in which the layer of muscle under the skin is applied also,—where the septum alone is destroyed, as in some cases of ozæna; and when, after the rhinoplastic operation, the apex of the nose is more depressed than it would be if the septum were of proper length. The new septum, in these cases, is taken from the upper lip, two parallel incisions being made in the middle of the lip, one of which extends into the nostril; the lobe or flap is then cut out, and twisted so that the mucous membrane faces the nostril. It is then united by the suture to the apex, which has been previously deprived of skin.

The after treatment is strictly antiphlogistic,—cold applications, and, if necessary, leeches. To prevent concretion of the nostrils, Dieffenbach's method of interposing small cutaneous lobules between the flaps, so that epidermis shall be opposed to epidermis, is recommended.

In the "Lancette Française," for October last, there is the report of a case of facial *autoplastic*, which was successfully managed by M. Blandin. The patient was a child ten years old, who had received a charge of shot in the cheek, which had destroyed almost all the soft parts covering the space between the root of the nose and the angle of the mouth of the same side. The cavities of both mouth and nose were consequently exposed. In this case the rhinoplastic,[2] cheiloplastic,[3] and genioplastic,[4] operations were all necessary.

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[1] Chirurgia curtorum physiologia succincta; adjecta nova methodo septi ex labio restituendi, qua narium nasi restituti concretio prohibeatur, &c. &c. Die xxv, Mens Novembris, A. MDCCCXXXV, &c., publice defendit auctor Henricus Hirsch, Posnaniensis. Berol 8vo. pp. 36.

[2] ῥιν, "the nose." [3] χειλον, "the lip." [4] γενειον, "the cheek."

Five operations were required. The half nose was formed from the skin of the forehead; the half cheek was formed of an enormous flap from the skin of the cranium, six inches long, and an inch and a half broad; and the half of the upper lip was taken from the skin of the lower jaw.

The operations were quite successful; the deformity was diminished; and pronunciation, mastication, and deglutition were almost restored.

The patient was exhibited before the Académie de Médecine, and excited general interest.

It was the opinion of Dieffenbach, that the bulbs of hair of a transplanted portion always become atrophied; but this idea was disproved by the case in question. The flap from the cranium retains its hair, giving the appearance of a whisker. Dieffenbach, too, attributes the mortification of the flaps to congestion of blood, and therefore he advises that they should be cut so as to contain no large vessels, be allowed to bleed freely before they are applied, and be bathed with cold water to prevent stasis of blood.

M. Blandin embraces the opposite idea; and, in the case in question, the hairy flap was cut so as to include the temporal artery entire. In his "Traité d'Anatomie" he endeavours to exhibit the advantage that may be derived in facial *autoplastice* from an accurate knowledge of the course of the arteries in different situations, and especially of those of the cranium,—laying it down as a general precept, to cut the pedicle of the flap in the direction of the natural course of the arteries; that is, the longitudinal axis of the flap should always be parallel to the principal artery which approximates or is distributed to it,—a principle the utility of which he afterwards demonstrated experimentally in his work on *Autoplastice.*

In the number of the "Boston Medical and Surgical Journal," for March the 8th, which we have just received, we are pleased to see that a successful rhinoplastic operation has been performed by Dr. John Mason Warren, of Boston, son of the excellent professor of anatomy in Harvard University. The particulars of the case are well detailed, and are accompanied by three lithographic illustrations, exhibiting the patient before and after the operation. The facial improvement is signal.

Art. VIII.—ON BLEEDING IN THE COLD STAGE OF FEVER.

BY DR. JOSIAH HIGGASON, OF SOMERVILLE, TENNESSEE.[1]

Dr. Mackintosh, in his "Principles of Pathology,"—of which, by the way, we have received the second American, from the fourth London, edition, with valuable notes by Dr. Morton, of this city[2]—strongly advises the use of the lancet in the cold stage of intermittents; a plan which has been long inculcated in what has been called "congestive typhus," combined, however, with gentle stimulants; the abstraction of blood giving occasion to the exertion of a *vis a tergo* from the vessels in which the blood is accumulated; and the gentle stimulation aiding in re-establishing the equilibrium.

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[1] The Transylvania Journal of Medicine for Oct. Nov. and Dec., 1836, p. 659.

[2] Principles of Pathology and Practice of Physic. By John Mackintosh, M. D. Lecturer on the Practice of Physic, in Edinburgh, &c. &c. Second American, from the fourth London edition, with notes and additions, by Samuel George Morton, M. D. Late Physician to the Philadelphia Almshouse Hospital, and Lecturer on Pathological Anatomy; author of Illustrations of Pulmonary Consumption, &c. &c. 2 vols. 8vo. Philadelphia, 1837.

The plan of taking away blood in the cold stage of an intermittent is not so objectionable—if at all objectionable—as it may seem to be at first sight. Although the organic actions may be subdued at the circumference, they are energetically executed at the centre. We have often, in these cases, found the thermometer, placed under the tongue, some degrees higher than in health. Dr. Mackintosh gives numerous cases to show the good effects of venesection in this stage, which seems generally to have diminished the hot stage, and rendered the cure by the quinine more easy. Such also appears to have been the general result with Dr. Higgason, who has detailed several successful cases in the journal before us.

We may remark, by the way, that in the pages of a late British periodical,[1] Dr. John Reid has made some remarks, and detailed certain experiments, which bear a relation to this matter. He found, as the result of several experiments on the lower animals, that disgorging the right side of the heart, when its contractions were enfeebled or suspended, by opening the jugular vein, had, in some cases, a decided effect in renewing its action; and the same doubtless occurs from bleeding practised under the circumstances we have mentioned.

Art. IX.—POWER OF DIVERS TO REMAIN UNDER WATER.

BY DR. LEFEVRE, OF ROCHFORT, SURGEON IN THE FRENCH NAVY.

In the article "Asphyxia," in the "American Cyclopedia of Practical Medicine," which was written by the editor of this journal, a reference is made to certain observations by Dr. Lefèvre on the length of time which divers are capable of remaining under water. In Loudon's "Magazine of Natural History," for December last, (p. 617), there is a translation of Dr. Lefèvre's communication, from which we extract the following:—

"Some years since, when stationed in the roads of Navarin, I was enabled to convince myself that the modern Greeks are as expert in the art of swimming as their ancestors, and that, in this respect at least, they have not degenerated. As long as the Turks remained masters of the Morea, little pains were taken to clear the roadstead of the several wrecks which the "untoward event" of Oct. 20, 1827, had left there. Shortly after the arrival of the French expedition, a course of salvage was set on foot; and a company of Greek divers had the privilege of raising the remains of the Turco-Egyptian fleet. As often as they retrieved from the water a bronze cannon, an anchor, or any other article of moderate value, they were bound to give notice of it to the commandant of the roads. It was forthwith sold to the merchants of Marseilles; one third of the produce was given up to the divers, and the remaining two thirds to the sailors of the squadron. Having thus obtained an admirable opportunity of ascertaining a fact respecting which no precise information could be gathered from books, I took frequent occasion to observe the labour of these industrious submarines. Almost all whom I saw were born in the islands of the Archipelago; for the most part of a robust constitution. They had the muscular system fully developed; and their skin, of a ruddy brown colour, offered, in this respect, some resemblance to that of the Caribbees. From their youth they are habituated to dive, and to remain a long time under water. I have seen them bring up cannons and anchors, and tear the sheets of copper from wrecks lying at the depth of one hundred or one hundred and twenty feet. At a like depth, they will penetrate into the interior of sunken vessels, and bring away articles of small size, such as pistols and yatagans. One of them returned with a volume of the Koran, richly bound, and still covered with a linen wrapper; and another presented himself with a chibouque or pipe, tipped with amber.

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[1] Edinburgh Medical and Surgical Journal, for April, 1836, p. 387.

"With respect to the manner in which they prepare for the plunge, they first squat themselves down for a few seconds on the edge of the boat, which conveys them above the spot where they have to make their search. Then, in this position, resting their elbows upon their knees, they make frequent and short inspirations, which they repeat a great number of times, interrupted at intervals by signs of the cross, which form an essential part of their preliminary movements. At the moment when they are about to dive, they make one last and deep inspiration, and throw themselves into the water head foremost. If the object of their search is at a great depth, they pass the thumb of the right hand through a noose in the extremity of a small rope, which enables those who are in the boat to facilitate the return of the diver to the surface of the water, when he can no longer sustain the want of respiration; and serves, at the same time, as a guide to other ropes, which are employed to heave up articles of great weight. In general, these men dive only in summer. As to the duration of their submersion, I noted down three successive times in the course of the year 1829. I had taken care to provide myself with a seconds-watch, and to mark with accuracy the number of seconds which each diver remained under water. The articles for which they went lay at the depth of one hundred feet, and the temperature of the external air was at 24° R. (86° Fahr.).

First series.		*Second series.*		*Third series.*	
1st diver,	86″	1st diver,	65″	1st diver,	50″
2d	69	2d	74	2d	65
3d	86	3d	90	3d	95
4th	94	4th	98	4th	90
		5th	84	5th	60

"It will be seen that this scale gives, on an average, 76″ for each man.

"When the labourers emerge from the water, they have almost always the face strongly injected. They are often seized with profuse bleeding at the nose; and in some instances blood has been observed to issue from the eyes and the ears. As soon as they are out of the water, they wrap themselves in thick woollen cloaks, and thus await their turn to repeat the dive. They can perform this task three or four times in an hour."

These authentic observations sufficiently exhibit the inaccuracy of the statements of those who affirm, that the Indian divers can remain several minutes under water. We cannot lay our hands at this moment on the passage, but we recollect that Captain Hall states, that Sir Samuel Hood had noted the time that the pearl divers of Ceylon remained under water, which corresponded with the result of the observations of Dr. Lefèvre.

Bedford Water.—We have received, from Messrs. Coleman & Co., of Baltimore, a present of a few bottles of Bedford Water, procured from the spring at Bedford, and charged there with carbonic acid. In cases where the Bedford Water is considered appropriate, the bottled article of the Messrs. Coleman may be recommended. It is more palatable than that obtained at the very fount.

Premium.—The New York State Medical Society, at a recent meeting, passed a resolution, that one hundred dollars should be offered for the best dissertation on "Diseases of the Spine, their causes, symptoms, and best mode of treatment." The dissertations to be sent to the committee—Drs. John B. Beck, James R. Manly, Richard Pennell, John C. Cheeseman, and Thomas Downing—before the first day of January, 1838.

BIBLIOGRAPHICAL NOTICES.

De la Sagra's Five Months in the United States.[1]

This intelligent stranger, who is the author of some necrological tables of cholera in the Havana, which were noticed, a few years ago, in the American Journal of the Medical Sciences, and of an excellent economico-political history of the Island of Cuba, visited this country in 1835, and became personally acquainted with many of our literary and scientific characters, and with most of the institutions of the middle and eastern states. The work before us is a diary of his travels, which, had he not noticed ourselves so favourably, we might have recommended to some of our publishing houses for translation.

It contains a brief account of the state of medicine and pharmacy; notes towards which were furnished Don Ramon by us, but the names of many of our physicians are so *estropiés* as to be with difficulty recognisable.

"Amongst the works of American physicians, the following, from contemporaries, may be especially noticed:—That on general and descriptive anatomy, by Dr. *Homer*, of Philadelphia; that on practical medicine, by Professor Eberle of the Medical College of Ohio; that on surgery, by Professor Gibson, of the University of Pennsylvania; that on obstetrics, by Dr. *Dewes*, of the same; those on materia medica, by Dr. Chapman and Dr. Eberle, and the dispensatories of *Mr.* J. R. *Coke*, of Philadelphia, and of Drs. Wood and *Backe;* that of hygiène, by Dr. Dunglisson; that on physiology by the same; and one entitled 'Principles of Medicine,' by Dr. S. Jackson, of Philadelphia; that on legal medicine by Professor J. *R.* Beck, of the College of New York; and many others on particular branches, amongst which, one on diseases of the lungs, by Dr. Morton, of Philadelphia, deserves especial mention. The American physicians have likewise made, and are continually making, a number of translations from the best European works; and great activity is exhibited in the cultivation of the medical sciences." p. 164.

Warrington's Translation of Duparcque on the Uterus.[2]

The functional and organic diseases of the uterus constitute a class of most interesting affections, to which the attention of the obstetrical pathologist has been anxiously directed at all times, but more especially, perhaps, of late. One result of this is the work before us; which is a treatise on the simple and cancerous organic alterations of the uterus. It is a prize essay, "crowned" by the Royal Society of Medicine of Bordeaux; certain defects which had been pointed out by the committee of the society to whom it was referred having been expunged, and some additions made to it.

M. Duparcque's work contains, amongst other matters, directions for the employment of the speculum in affections of the uterus and vagina—a means of diagnosis of the most useful kind—and for the application of leeches to the os uteri.

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[1] Cinco Meses en los Estados Unidos de la America del Norte. Desde el 20 de Abril al 23 de Setiembre de 1835. Diario de Viaje de D. Ramon de la Sagra, Director del Jardin Botanico de la Habana y miembro de varias sociedades sabias nacionales y estrangeras. 8vo. pp. 437, Paris, 1836.

[2] A Treatise on the Functional and Organic Diseases of the Uterus. From the French of F. Duparcque, Docteur en Médecine de la Faculté, et ancien interne des Hôpitaux et Hospices Civils de Paris, &c. &c. Translated with notes, by Joseph Warrington, M. D., of Philadelphia. 8vo. pp. 455. Philadelphia, 1837.

The mode in which the use of the speculum has been treated by a late writer,[1] and in which it has been animadverted upon in a recent review,[2] we esteem signally unfortunate. When properly employed there need be no violation of the strictest delicacy. No practitioner, whose mind is properly constituted, will propose the examination unless he conceives it absolutely necessary; and, when proposed, if executed in the way recommended by Dr. Warrington in a note to the work before us, the most fastidious could scarcely object.

"Let it be constantly borne in mind that the greatest delicacy may and ought to be observed in introducing the speculum in any form. After having the patient placed in a suitable position, (which, for the purpose of leeching, is always on the back, with the breech at the foot of the bed,) she should be covered entirely by a sheet or blanket, into which a small slit may be cut sufficiently large merely for the admission of the speculum. With the left hand under the bed-clothes, the labia may be separated, whilst the speculum, properly lubricated, (and warmed if the weather be cold,) may be passed into the vagina through the opening made in the cover for the purpose."—p. 230.

Dr. Warrington's attention has been particularly and successfully directed to the department of obstetrics in all its branches; and we are thankful to him for the version he has given of the work before us, the execution of which is creditable to him; although we observe a few imperfections, which are, however, of no great moment. We would suggest that his definition of *douches*, at page 282, might give rise to some misapprehension. The term includes the idea of the shock or impulse of a fluid let fall upon a part of the body. The "dash," pumping, spout-bath, &c., are all varieties of the *douche;* and the French have their *douches descendantes*, *douches ascendantes*, and *douches horizontales*, epithets that indicate the direction in which the fluid is impelled.

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[2] Balbirnie. [3] Medico-Chirurgical Review, for Jan. 1837.

GRADUATES OF THE UNIVERSITY OF PENNSYLVANIA.

At a public commencement, held March 31, 1837, in the Hall of the Musical Fund Society, the degree of Doctor of Medicine was conferred by the Rev. John Ludlow, D. D., Provost, on the following gentlemen, students of this institution. After which a charge to the graduates was delivered by Hugh L. Hodge, M. D., Professor of Obstetrics.

ALABAMA.

Wm. F. Baldwin, Icterus.
Jas. G. Chisholm, Reproduction.
Alfred B. Connell, Enteritis.
J. Hamilton Hastie, Indigestion.
James R. Jones, Fistula in Ano,
John C. McNeill, Puerperal Fever.
Wm. H. Mounger, Diarrhœa.
Jas. Reynolds, Fractures.
Chas. Wm. Tait, Revulsion.
Joshua A. Thomason, Bilious Remittent Fever.

DELAWARE.

Peter John Bauduy, Idiopathic and Traumatic Tetanus.
James Corbit, Icterus.

DISTRICT OF COLUMBIA.

Isaac P. Tenney, Animal Temperature.

GEORGIA.

John B. Hendrick, Inflammation.
Stokes P. Ivey, Dyspepsia.
Gurdon J. Miller, Medical Virtues of Carbo Ligni.
John H. Pope, Purgative Remedies.
Henry Saunders, Febris Autumnalis.
John L. Shelby, Autumnal Fevers of Georgia.
James B. Smith, Bilious Diseases.
Wm. H. Thornton, Poisoning with Opium.
Joseph B. J. L. Thorp, Urethritis.
Johnson B. Tufts, Constipation.
Thos. F. Willis, Antimonii et Potassæ Tartras.

KENTUCKY.

John S. Griffin, Lithotomy.
A. Worsely Kennedy, Cholera Maligna.
Jas. H. Meriwether, Cathartics.

MARYLAND.

Lawrence M. Ricaud, Pneumonia.

MISSISSIPPI.

Philemon Chew, Hæmorrhois.
James S. Glass, Inflammation.
Herbert W. Hill, Chorea Sancti Viti.

MAINE.

Daniel R. Bailey, Spinal Irritation.
Gilman Davies, Dietetics.

MASSACHUSETTS.

Pliny Earle, Insanity.
C. Austin Hall, Counter Irritation.
Franklin Knox, Malignant Pustule.

NEW JERSEY.

Thos. P. Dickeson, Eupatorium perfoliatum.
Edward I. Grant, Intermitting Fever.
Samuel Lilly, Abortion.
Jacob W. Ludlam, Blisters.
John H. Phillips, Peritonitis.
Joseph H. Thompson, Vegetable Materia Medica of Salem county, New Jersey.
Joseph C. Weatherby, Cholera Morbus.

NEW YORK.

Samuel M. Abbott, Puerperal Peritonitis.
Steph. D. Allen, Physiological relations of mind.
Wm. B. Casey, Idiosyncrasy.
John Fondy, Jaundice.
Elijah G. Peckham, Neuralgia.
Chas. D. Smith, Calculi of the Bladder.

NEW HAMPSHIRE.

M. G. Haseltine, Ozæna.

NORTH CAROLINA.

Thomas Brown, Congestive Bilious Fever.
Lorenzo Frink, Bilious Remittent Fever.
Edward H. Goelet, Trachitis.
John A. Hanks, Chlorosis.
Hardy Hardison, Intermitting Fever.
Michael W. Holt, Scarlet Fever.
James H. Hoskins, Cynanche Trachealis.
Jerome B. Jones, Tuberculæ Primæ Viæ.
Pride Jones, Typhus Fever.
John Quincy Perkins, Dothinenteritis.
Jas. L. Satterfield, Remittent Fever.

PENNSYLVANIA.

Jos. J. Allison, Certain Pulsations in Reptiles.
Thomas Brady, Conception.
John M. Brewer, Fever.
Lee W. Buffington, Blood-letting.
Meredith Clymer, Lateral Curvature in females.
Townsend Fell, Influence of the Mind over Disease.
Cridland C. Field, Cholera Infantum.
Frederick Graff, Peritoneal Enteritis.
Wm. E. Haines, Mercury.
Edw. Jacoby, Phytolacca Decandra.
John L. Kite, Prolapsus Uteri.
Isaac D. Knight, Cimicifuga Racemosa.
D. Paul Lajus, Pleurisy.
Furman Leaming, Digitalis Purpurea.
Seth Saltmarsh, Pericarditis.
Henry H. Smith, Experiments on Spinal Marrow and Nerves.
Joseph D. Stewart, Infantile Convulsions.
Benj. Stille, Jr., Physiology of Digestion.
Thos. H. Swaby, Secale Cornutum.
Joseph Thomas, The Pulse.
Jacob B. Wagener, Chronic Diarrhœa.
John A. Weidman, Lyssa.
John F. White, Emphysema.
Joseph Wilson, Jr., Intermittent Fever.
Geo. R. Winter, Menstruation.
Jones Wister, Gout.

RHODE ISLAND.

Christopher G. Perry, Urticaria.

SOUTH CAROLINA.

Jno. C. Anderson, Bilious Fever.
George Gibson, Delirium Tremens.
Francis Y. Glover, Congenital Deformities.
Walter E. Johnston, Epidemic Gastric Fever of Warm Climates.
Robt. McMillan, Fractures of the Patella.
Gerhard Muller, Delirium Tremens.
Seaman D. Sinkler, Spinal Irritation.

TENNESSEE.

Joseph M. Anderson, Cholera Asphyxia.
Sam'l D. Edgar, Diagnosis.
Wm. H. Edwards, Pathology of Miasmatic Fever.
Abner Hester, Emetics.
John M. Kennedy, Variola.
Benj. Marable, Colica Pictonum.
Geo. B. Peters, Neuroses.
Benj. F. Young, Hernia.

VIRGINIA.

Robert S. Bagley, Cholera Infantum.
John H. Bailey, Dysentery.
Isham E. Bass, Cholera Infantum.
Carter N. Berkeley, Fever peculiar to the Blacks of the South.
Benjamin B. Blunt, Irritation.
George M. Brinker, Gonorrhœa.
Granville L. Brown, Bilious Fever.
Wm. R. Burnley, Malaria.
Thos. G. Clinton, Laryngitis.
John H. Daniel, Syphilis.
Alex. S. Dillon, Gonorrhœa.
Arthur W. Downing, Scarlatina.
Albert S. Edwards, Acute Laryngitis.
Oliver R. Funsten, Angina Pectoris.
Joseph S. Gillam, Intermittent Fever.
Strother T. Hamm, Cholera Infantum.
Wm. J. Harrison, Erysipelas.
Wm. Hunter, Formation of Medical Character.
Camillus V. Lanier, Digestion.
Martin G. Leavitt, Acute Dysentery,
John Locke, Coxalgia.
Wm. O. Macoughtry, Dropsy.
Albert G. Mabry, Use of Arctium Lappa in the Treatment of Scrofula.
Robt. T. Marshall, Measles.
John R. McDearmon, Influence of the Mind on Health.
Hannibal N. Millner, Apoplexy.
Robt. Munford, Functional Derangement of the Heart.
Geo. W. Pollard, Revulsives.
Birkitt G. Rennolds, Modus Operandi of Medicines.
Robt. R. Ritchie, Contractions after Burns.
Wm, B. Smith, Generation.
Ferd. C. Stewart, Causes of Cardiac Sounds.
Geo. W Thornton, Superfœtation.
Rootes B. Thornton, Puerperal Fever.
David H. Tucker, Hemorrhoids.
Egbert G. Vaughan, Variola Vaccina.
Isaac P. Vaughan, Apoplexy,
Richard G. Wharton, Fever.
Goodridge A. Wilson, Capillary System.
Edw. L. Wright, Rubeola.

LOUISIANA.

Thos. Lee Haile, Yellow Fever.
George J. Morgan, Diseases of the Cardiac Valves.
Bernard Ryan, Chronic Gastritis.
James Trudeau, Apoplexy.

CONNECTICUT.

Rufus Bicknell, Influence of the Mind in causing and curing Diseases.
Henry C. Lockwood, Hæmoptysis.

INDIANA.

Edmund Albertson, Autumnal Fever.

ILLINOIS.

Richard R. Dashiel, Peculiarities of Animal and Vegetable Life.

NOVA SCOTIA.

Robert Fulton Crowe, Asphyxia.
James C. Farish, Morbid Anatomy of the Lungs.

ENGLAND.

William P. Cunnington, Physiology and Phenomena of the Muscular System.

At a public commencement held in July, 1836, *the following gentlemen received the degree of Doctor of Medicine.*

Robt. A. Gholson, Va. Acute Dysentery,
John T. Hilliard, N. C. Acute Dysentery.
Wm. B. Hooke, Miss. Cystitis.
Jacob H. Jeffreys, N. C. Cynanche Trachealis.
Daniel E. Johnson, N. C. Acute Gastritis.
John Pettit, Pa. Erysipelas.
Cullen J. Pope, Geo. Scarlatina.
Archibald Rankin, Pa. Uterine Hemorrhage.

GOVERNMENT OF MEDICAL INSTITUTIONS.

It strikes us, that if the following provisions, from the statutes of the trustees of Geneva College, New York, existed in every medical institution, they would tend materially to the harmony both of faculty and trustees. In making appointments, the faculty can have but one desire,—that of filling a vacancy by the most suitable person—one who will be effective in the discharge of his duties as a teacher, and who, at the same time, will be a useful and an agreeable member of the board in managing the numerous concerns of the college.

"The said professors shall hold their appointments or offices at the pleasure of the board of trustees of Geneva college; but no person shall be a member of the faculty without a recommendation of a majority of the medical professors, nor shall any person be removed from said professorship without the consent of a majority of the said professors."

Jeffrey's Respirator.—We observe, in the British periodicals which have recently come to hand, an instrument under this title strongly recommended. Its object is to temper the air in winter before it enters the air passages. It is formed of wires, those nearest the mouth being one three-hundredth part of an inch thick, and the same distance apart from each other. There are from eight to twenty layers of wire, and those most external are attenuated till they are no more than one six-hundredth part of an inch in thickness. The instrument costs, in London, two guineas.

Necrological Notice of Hufeland.

This distinguished physician—whose name is known every where—was born at Langensalza, on the 12th of August, 1762. His father was physician to the Duke of Saxe-Weimar. Hufeland himself began practice at Weimar in 1793. Some time afterwards he became professor at Jena, and physician to the duke; and in 1801, he was appointed physician to the King of Prussia, director of the medical college, and first physician to the Hospital la Charité, of Berlin.

Hufeland was an eclectic. He contributed to the improvement of inoculation, and the treatment of small-pox; called the attention of physicians to the uncertainty of the signs of death, and the inconveniences of premature interment. As professor, he attracted a numerous auditory; and was as agreeable as he was instructive in his lectures. He established the "Journal of Practical Medicine," (Journal der praktischen Heilkunde,) and combated the doctrines of Brown generally, whilst he adopted that which he esteemed useful. His most celebrated works are,—his "Practical Medicine," (System der praktischen Heilkunde,) commenced in 1800, and finished in 1803, in two volumes 8vo, and his "Art of Prolonging Life." He died at the age of seventy-four.

Cyclopædia of Surgery.

We have received from the publishers—Messrs. Sherwood & Co. of London—the prospectus of a Cyclopædia of Surgery, suggested by the Cyclopædia of Practical Medicine and the Cyclopædia of Anatomy and Physiology. It is to be edited by Dr. Wm. B. Costello; and amongst the collaborators are the names of some of the most distinguished surgeons of Great Britain. The work will be completed in twenty-one parts, the size and form being like those of the works referred to, and it will be illustrated with wood cuts, and other engravings. Part I.—price five shillings—was to be put to press in February last, so that we may expect soon to receive it.

BOOKS RECEIVED.

We are indebted to our friend, Dr. Forbes, one of the able editors of the excellent "British and Foreign Medical Review," for the following recent works and periodicals:—

Lee's Account of the most frequented Watering-Places on the Continent. 8vo. London, 1836.

Dr. Alexander's Medical Commentaries on Puerperal Fever, Vermination and Water in the Head. 8vo. London, 1836.

Sir James Murray's Observations on the Medical and Surgical Agency of the Air-pump. 8vo. Dublin, 1836.

Dr. James Hamilton's Practical Observations on various subjects relating to Midwifery. 8vo. London, 1836.

Mr. Conwell on Functional and Structural Diseases of the Liver. 8vo. London, 1835.

Josse's Mélanges de Chirurgie Pratique. 8vo. Paris, 1835.

Reich, Das Streckfieber. Small 8vo. Berlin, 1835.

Gräfe und Walther, Journal für Chirurgie und Augenheilkunde.

Stifft und Raimann, Medicinische Jahrbücher des Kaiserlich. Königl. Oesterreichen Staates.

Casper's Wochenschrift für die gessammte Heilkunde.

Hecker's Neue Wissenschaftliche Annalen.

Giornale delle Scienze Medico-chirurgiche di Pavia.

Hufeland & Osann, Journal der Praktischen Heilkunde.

Bulletino delle Scienze Mediche di Bologna.

Busch, d'Outrepont, und Ritgen, neue Zeitschrift für Geburtskunde.

Bureau Riofrey, Revue Médico-chirurgicale Anglaise.

Von Siebold's Journal für Geburtshülfe.

From the publishers, Messrs. Sherwood, Gilbert, & Piper, Paternoster Row:—

South on the Bones. 12mo. London, 1837.

From the Author.—Illustrations of Pulmonary Consumption, its anatomical causes, symptoms, and treatment, to which are added some remarks on the climate of the United States, the West Indies, &c., with thirteen plates, drawn and coloured from nature. 2d edit. By Samuel George Morton, M. D. Late physician to the Alms-House Asylum, &c. 8vo. pp. 349. Philadelphia, 1837.

From the Author.—Address delivered before the Medical Society of the state of New York, Feb. 1837. By James M'Naughton, M. D., President of the Society. 8vo. pp. 40. Albany, 1837.

Annual Report to the Board of Trustees of the Massachusetts General Hospital for the year 1836. 8vo. pp. 28. Boston, 1837.

Catalogue of the Officers and Students of Dartmouth College, 1836—7. 8vo. pp. 24. Windsor, 1827.

From Dr. Evans and Dr. Warrington.—Twentieth Annual Report on the state of the asylum for the relief of persons deprived of the use of their reason. Published by direction of the contributors, 3d month, 1837. 8vo. pp. 18. Philadelphia, 1837.

The retail price of the work of Sir B. Brodie on the nervous system, which is printed entire in this number of the "Library," is, in Philadelphia, *one dollar and seventy-five cents.* Its cost in the "Library" is about *twelve and a half cents.* When this surprising economy is considered, with the additional advantage that our *most distant* subscribers can have the best books that are published abroad, in a few days after their receipt in the Atlantic cities, the overwhelming value of such a publication as this must be strikingly apparent.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. May 1, 1837. No. 3.

Art. I.—ON THE INTERNAL USE OF AMMONIA IN EPILEPSY.

BY L. MARTINET. FORMERLY CHEF DE CLINIQUE AT THE HOTEL-DIEU.

We have long maintained, published,[1] and taught the opinion, that we are possessed of no such agents as "true or direct antispasmodics,"—none, in other words, which are endowed with a property of directly resolving spasm; that they are all indirect agents, acting by the impression which they produce upon the whole of the nervous system, as in the case of narcotics; or upon a part, as where the ordinary antispasmodics, asafœtida, musk, castor, skunk-cabbage, &c., are administered, whose main action is exerted on the gustatory nerves,—those which possess excitant virtues acting in addition on the nerves of the stomach; and that where simple excitants, as ether, ammonia, &c., are invoked as antispasmodics, they act altogether in the mode last mentioned. In every instance, the new nervous impression, when local, detracts or derives from the erethism seated elsewhere, which constitutes the spasmodic condition.

These views are confirmed by the facts contained in the communication before us,[2] from the pen of the intelligent author of the "Manual of Pathology," and the "Treatise on Therapeutics," by which the name of Martinet has been favourably known on this side the Atlantic.

After detailing a case from Hufeland's Journal, by Dr. Handel, which has been transferred to the "Bibliothèque de Thérapeutique" of M. Bayle, and from which M. Martinet infers, and infers correctly, that every diffusible fluid might have the same success as ammonia, he gives the history of the cases which suggested his observations, concluding with the following deductions:—

"1. When epilepsy exists with *aura*, and the parts that are the seat of the *aura* are remote from the brain, the loss of consciousness being then less sudden, the use of ammonia, administered internally, may become a valuable means for suspending the attacks.

"2. As observation shows that the repetition of epileptic attacks favours their subsequent return, and that their infrequency renders their return less probable, the internal use of ammonia, by arresting the attack at the moment when it is threatening, has the secondary effect of keeping off subsequent attacks, and consequently of preventing the return of the disease.

"3. The effects of ammonia, administered internally, are efficacious in proportion to the rapidity with which it is given, and the nearer the moment it enters the stomach is to that at which the *aura epileptica* begins to be felt.

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[1] General Therapeutics, p. 380.

[2] Bulletin Général de Thérapeutique, Nov. 1836.

"4. All things, moreover, being equal, ammonia is of greater efficacy when the attacks of epilepsy are frequent than when they only recur at long intervals.

"5. Different trials, made on the most fit mode of administering ammonia internally, have resulted in preference being given to the following:—

R. Aquæ Tiliæ	℥ iiss[1]
Liq. Ammoniæ	gtt. x vel xij
Syrup Althææ	℥ ss.

"The patient should carry the mixture about his person, and take the whole at once, as soon as he feels the preludes to the paroxysm; success depending on the rapidity with which it enters the stomach."

Art. II.—BROOM-SEED IN DROPSICAL AFFECTIONS.

A small pamphlet, on this subject, has been issued by Dr. Richard Pearson,[2] formerly one of the physicians to the Birmingham Hospital, and lately Lecturer on Materia Medica in the Birmingham School of Medicine. It contains three lithographic illustrations of the common broom, and of the yellow Spanish broom. They are, as Dr. Pearson observes, doubtless faithful representations of the living specimens. The Dr. Eccles, referred to in the following extract, is one of the physicians to the Birmingham Hospital, and Lecturer on the Principles and Practice of Physic in the Birmingham School of Medicine.

This pamphlet was the last contribution to medicine from the venerable author, who died not long ago at an advanced age.

"From very remote times the broom has been in repute as a remedy in dropsical affections.[3] The preparation generally employed has been a decoction of the green tops; but it is the purport of the following pages to show that the preference should be given to the seeds, either in substance or in the form of a tincture.

"In a communication inserted in the 'Edinburgh Medical and Surgical Journal,' for July, 1834, I pointed out the objections to which the decoction is liable, and stated the advantages to be obtained from the administration of the seeds. In the same communication I moreover took occasion to mention that the employment of the seeds was no new suggestion. They were prescribed many years ago by several practitioners; but in a very rude and unsatisfactory manner. Hence, instead of giving the seeds in unassigned quantities in wine, it was desirable to have a tincture prepared from them, of an uniform strength, and suited to be added, in regulated doses, to draughts and mixtures. For these hints I am indebted to my friend, Dr. Eccles.

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[1] The distilled water of the flowers of the "lime or linden tree," (*Eau de Tilleul,*) is not kept by our apothecaries. Its place may be supplied by any of the aromatic waters.—*Ed.*

[2] London, 1835. 8vo, pp. 15.

[3] From the manner in which the late Professor Murray has expressed himself (Apparatus Medicaminum, vol. ii., p. 445), it might be inferred that Lobel first noticed the emetic action of the seeds. But Dioscorides, who wrote upwards of fifteen centuries before Lobel's time, says that the fruit (i. e. the seeds) and the flowers of this shrub, taken in honey and water, produce strong vomiting, and that the seeds, moreover, operate by stool. His words are Τουτου [θαμνου] ο καρπος και τα ανθη ποθεντα συν μελικρατω καθαιρει ανω μετ' εντασεως. ο δε καρπος κινει την κατω καθαρσιν.

ΔΙΟΣΚΟΡΙΔΟΥ ΠΕΡΙ ΥΛΗΣ ΙΑΤΡΙΚΗΣ βιβλ. δ. κεφ. ρνη.

"I quote from Sprengel's edition, 2 vols. 8vo, published at Leipsic, 1829.

"All the observations of Dioscorides apply to the Spanish broom,—the spartium junceum, of modern writers on the materia medica."

"These draughts and mixtures may be compounded of ʒi or ʒij of the tincture of the broom-seed, added to a proper quantity of pure water, aromatised with tincture of ginger, tincture of cardamom, or tincture of cinnamon.

"The formula for preparing the tincture adopted at the hospital of this town, is the following:[1]

"R. Spartii juncei seminum contusorum, ℥ij.
Spiritûs tenuioris, ℥viij. Macera per dies decem et colà.

"In regulating the doses of the tincture, much caution was at first requisite. That we might not be taken by surprise, by the occurrence of nausea or diarrhœa, Dr. Eccles and myself began with small doses, such as ʒss., of the tincture; but after a time it appeared that we might safely prescribe larger doses, viz. ʒi. or ʒij., to be repeated three times a day; and, in certain cases, the quantity of ʒiij. may be given at a dose every fourth hour.

"During the use of the tincture in full doses, if diarrhœa should be induced, it may easily be checked, by adding five or six drops of tincture of opium to each of the draughts, or to a corresponding quantity of the mixture.

"The action of the broom, like that of all diuretics, is promoted by due dilution. Perhaps the best drink for this purpose is a solution of the supertartrate of potassa (cream of tartar) in water, a wine-glass full of which may be taken *ad libitum*.

"In old gouty subjects affected with dropsy, with whom the above-mentioned acidulous salt may not agree, lemon-peel tea, or weak ginger tea, may be substituted in its stead, as a common drink. And in shattered constitutions, where dropsy is accompanied with great debility, it will be useful to give, with the tincture of the broom-seed, small doses of sulphate of quinine, or sulphate of iron, or some other chalybeate preparation.

"But what are the advantages, it may be asked, which the broom possesses over other diuretics? They are these: most of the other diuretics, and particularly the digitalis and squill, can only be persisted in for a limited time, in consequence of their sedative effects[2] inducing loss of appetite and impaired action of the organs of digestion; whereas, the broom is a *tonico-diuretic*,[3] improving the appetite, and invigorating the whole system, and may, therefore, be persisted in for an indefinite length of time. It is, unquestionably, the safest of all diuretics.

"But, from these observations, let it not be inferred that the broom can succeed in all cases of dropsy. Visceral disease and organic affection it cannot remove, any more than other diuretics: but in such cases, it is capable of affording relief by lessening the quantity of the effused fluid, without at the same time lowering the patient. In these cases of visceral disease, small doses of submuriate of mercury (calomel),—for instance, ½gr.,—should be given every night, discontinuing the use of the mercury if ptyalism should be produced.

"It is further proper to remark that the broom is a diuretic not adapted to hydrocephalus, nor to cases of ovarian dropsy. Of the action of the broom-seed tincture in that species of anasarca which occurs in children after an attack of scarlatina, we are at present without any experience: but I should expect that when combined with saline medicines, it would speedily carry off the effused fluid, especially if the surface of the body were to be sponged night and morning, during the administration of the tincture, with tepid vinegar and water, or tepid salt and water."

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[1] "See the excellent Syllabus of Materia Medica, by Dr. James Johnstone, published by Renshaw. London, 1835."

[2] "The squill in its first action, and in moderate doses, is stimulant; but in its secondary action, and in full doses, it is sedative."

[3] "According to some recent accounts, the tonic principle of the willow, termed *salicina*, has been detected in one species of the broom."

Art. III.—REPORTS OF INSANE ASYLUMS.

(BOSTON AND PHILADELPHIA.)

The report of the steward of the M'Lean Asylum for the Insane, for the year 1836,[1] is an interesting document, as exhibiting the signal effects of a well directed system of moral *revulsion* in the cure of insanity.

The number that enjoyed the advantages of the institution during the year was one hundred and eighty-three, of whom one hundred and twelve were discharged on the first of January last. Of these sixty-four had recovered; seven were convalescent; two much improved; five improved; nine not improved; fifteen were sent away by order of committee; ten died. Of the nine discharged, "not improved," five were hopeless cases of masturbation at the time of their admission; two were idiotic, and two had insufficient trial. Of the deaths, one was of phthisis pulmonalis; one of old age; one of mania with convulsions; one of dysentery; one of suicide; two of marasmus; one of fracture of the neck of the thigh bone; and two of acute inflammation of mucous membrane (? of the bowels). The case of phthisis was admitted in the last stage of the disease, and died in four days afterwards. When he entered, he weighed fifty-five pounds!

"The system of moral management pursued, is the same as that of the last year, and will be seen by reference to the last annual report. Our amusements are various and numerous. We keep a carriage, two carioles, one chaise and four horses, which are devoted almost exclusively to the use of the patients. Many of them ride every fair day, and have, the last year, ridden ten thousand miles. The males are also engaged at bowls, quoits, bass-ball, fishing, fancy painting, walking, dancing, reading, swinging, and throwing the ring, &c. Of the one hundred and three male patients who have been in the institution during the year, seventy have been engaged in out-door amusements, passing, in this way, three thousand five hundred and forty-one hours. Seventy-seven have walked ten thousand four hundred and thirty-one miles. Some have walked, individually, over one hundred and fifty miles per month. Twenty-four have occupied one hundred and nineteen hours in fishing.

"In our 'Labour Department' the patients have been equally active and interested. Seventy-seven of the males have engaged in manual labour, and have worked, allowing six hours per day, (more than which no patient has been asked to work) one thousand seven hundred and ninety-eight days.

"Gardening, the cultivation of flowers, and farming, as usual, have occupied and interested many of the patients during the whole season. The tastes and wishes of each individual have been, in all cases, consulted as far as possible; and while some were engaged with the team, others would be equally ambitious to excel in planting, hoeing, or in displaying their taste in the arrangement of the flower-beds and borders. Thus their irritability was expended in healthy exercise and occupation, and instead of meeting them in the halls in tattered garments with oaths and imprecations, we are greeted in the walks with the affectionate grasp of friends, their countenances glowing with pleasure and contentment, and each commenting, in his own way, upon the business of the day.

"Nor has our labour resulted in mere amusement, as the harvest of our crops abundantly testifies. Our farm and lands, inclusive of all the grounds occupied by the buildings and courts, consist of twenty-five acres. We have raised, for the most part, vegetables enough of every kind to supply the institution for the year, and have cut hay sufficient to keep five horses

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[2] In the "Annual Report to the Board of Trustees of the Massachusetts General Hospital, for the year 1836.

and six cows, besides storing eighty barrels of apples and fifty bushels of pears. We have also made rose-water enough for medicinal and culinary purposes, and disposed of fifteen dollars worth. The net profits of our farm and garden, for the past year, have been $500.

"In April (the 20th) we opened the dome of the male wing as a carpenter's shop for the patients, having previously secured the services of a judicious carpenter to superintend and work with them; and, although we were confident of success, our hopes have been more than realised. Not the least accident has occurred, *although the patients have not been restricted in the use of tools*, and herein, as I conceive, our safety lies. The patients feeling themselves under no restriction, consider that they are placed upon their honour, and their self-respect being called into action, they would not forfeit the confidence and good opinion of the officers for any consideration. *Give a man constant employment, treat him with uniform kindness and respect, and however insane he may be, very little need be feared from him, either of mischief or violence.*

"Fifty patients have worked in the shop, at six hours per day, and have been employed eleven hundred and fifty-one days; and made seven thousand two hundred and thirty-six boxes, which have been sold for $907.06.

"In cases of masturbation, we depend *entirely* on labour for restoration. *During a residence of ten years in this asylum, I have never known a single case of masturbation to be cured, unless the patient engaged in regular labour.* This is a very large and most unfortunate class of the insane. We seldom receive a case of this kind in its incipient stage. It is so insidious in its approach, that before the friends of the patient are aware of his situation, he is past recovery. Labour promises the only relief. More improvement in this class has been evinced the past year, than in all the others together, and *work alone* has effected it.

"The results in the female wing have been equally interesting. Fifty patients have been received. Of this number, have recovered, 30. Convalescent, 8. Much improved, 5. Improved, 3. Died, 4. Total, 50.

"The 'Belknap Sewing Society' continues its operation, and affords agreeable occupation and diversion for its members. They continue their regular weekly meetings, which are held in the oval room of the mansion house, or in one of the halls of the wing. In the absence of the presiding officer, the meeting is organised by choosing, on nomination, by a vote of a majority, one of the members to act as president pro tem., whose duty it is to oversee the work and read some interesting story selected for the occasion. Their employment is piecing and quilting bed coverings, and making and mending garments and furniture for the institution and the patients. After the labours of the day are over, tea is passed round and then the meeting adjourns. The account of each day's proceedings is recorded in the society's book. It is sixteen months since the society was organised, and the avails of their work have been, in cash, $112.96.

"In all our amusements and recreations, it is our intention to blend utility with labour or diversion. Thus when we walk or ride, some object of interest is sought to visit; and in this respect, the advantages of the locality of the Institution are pre-eminent. It stands in the midst of the most interesting portion of New England, isolated from the noise and throng of business, but in full view of the capital and its beautiful environs. During the excursions of the past year, the patients have visited repeatedly the Navy Yard, Glass-houses, State Prison, Fresh Pond, on which sailing was enjoyed, Winship's Nurseries, Institution for the Blind, Dorchester Heights, East Boston, Mount Auburn, Chelsea Hospital, the Houses of Industry, of Correction and of Reformation, at South Boston, and some of the green-houses in Brookline and other places. In these excursions the patients have uniformly conducted [themselves] with perfect propriety.

"Following out this plan, (of the combination of labour with utility and pleasure,) the Belknap Sewing Society is professedly and operatively benevolent. They furnish clothing for any of their members who may be needy, and sometimes purchase for themselves articles of taste and fancy;

and they seek out and assist the afflicted and destitute of the neighbourhood. The poor widow, whose husband was killed in a sudden and shocking manner, last summer, by the railroad engine, was visited, and mourning was provided for herself and daughter at the expense of the society. They called a special meeting and deputed a member to purchase the articles necessary; and, with their accustomed promptness, made them with their own hands. I mention this, not as an act of charity worth naming, but as exemplifying the fruits of a system of moral management which is pursued, and to show that our patients are not excluded from society, and that there is scope enough for useful occupation, even here. The making of the dresses for this widow and her daughter, for the time, engaged the united interest and attention of all. Diseased manifestations were quieted in the universal feeling of sympathy for that afflicted family. This being over, something else would be found to excite a similar interest—and a succession of objects to engage their attention and call into exercise the better feelings of their nature, has helped to do away, little by little, diseased impressions, and bring about, with many, the healthy and natural operations of the mind and body.

"Our social meetings, for diversion and recreation, continue to exert a benign influence on the convalescent. The weekly dances are continued with unabated interest, and the deportment of the patients, without a single exception, has been respectful and appropriate. Fifty-four of the males and fifty-two of the females have attended on these occasions. A sure guarantee against all improprieties is found in the constant attendance of both nurses and officers, who take an active part in the amusements. We assemble at an early hour of the evening, and the recreations consist in alternate dances and marches, with occasional songs, accompanied by the piano. At eight o'clock refreshments are served, and at nine the party "breaks up." For two or three days before the party, the females are engaged in preparing their dresses for the occasion, and for some days after they have a fund for remark in the events of the evening. The males, also, are found practising the figures of the dance, and perfecting themselves in the marches during the week. The females have, besides, meetings every afternoon in the oval room during the winter season, at which they read one hour, and pass another in practising upon the piano and in the exercise of dancing.

"In this connection I will remark, that, in August last, the male patients and their attendants organised themselves into a military company, made their by-laws, chose their officers, and took the name of the M'Lean Guards. They marched out into the street for a drill twice each week.

"Our religious meetings and exercises, mentioned in the last annual report, have been continued, and with all the success which the trial of last year led us to anticipate. Seventy-nine of the males and sixty-six females have attended family prayers. Not the least disturbance has been witnessed; but a great degree of solemnity, suited to the occasion, has universally been maintained, and the patients of both departments, with a few exceptions, depend as much upon being present at this exercise, as upon their daily meals.* The attendance at prayers is altogether a matter of choice.

"We have had preaching nearly every Sabbath evening during the year. Several clergymen in this vicinity have contributed, very cheerfully, their services, and to them we tender our united thanks. They have universally expressed surprise at the wonderful stillness and attention of the audience.

"Fifty of the males and forty-six of the females have attended public worship at Charlestown and Cambridge.

"Our females, the past year, have ridden some thousands of miles, walked in the country one thousand one hundred and fifty-nine miles, walked in the garden one hundred and fifty hours, folded and ironed clothes one thousand and twenty-five hours, and assisted in domestic concerns one thousand and twenty-five hours.

"In addition to the work before stated as having been done by the males, they have sawed, split, and piled all the wood for the whole establishment, viz. two hundred cords; and have carted one hundred cords from the wharf to the house. Work promises much, and it has been the aim of the Institution, the past year, to keep every patient employed in labour as far as possible. One patient has braided and sewed one hundred palm-leaf hats."

In the appendix, the steward gives the following cases, selected from many that have occurred during the past year, as evidences of the salutary effects of labour in the treatment of these unfortunates:—

"Case 1.—A young man was brought to us handcuffed, who had been insane six months, and during half of that period had been chained to the floor,—constantly growing worse, (as any one would under similar circumstances,)—and disposed to tear his clothes and be filthy. We immediately removed his chains and fetters, and with the assurance that we were true friends to him, and would treat him kindly, he seemed very much pleased and happy; but he was noisy and much excited, and loud in his curses upon those who had chained him; he was taken into the garden to work the next day, and continuing to work daily, his excitement soon passed off. In six weeks from the time of his admission, he rode with me to Boston and selected a suit of 'Sunday clothes.' In less than two months he was permitted to work without an attendant, and before the end of three months he was discharged well.

"Case 2,—was brought here three months since, in a very distressing state. He had been insane more than three years. Was violent, troublesome, and filthy. Had been kept in a cage, his friends believing him under the influence of supernatural powers. In his cage he gave full scope to his diseased fancies,—lost all self-respect,—tore up his clothes and defiled his person. His keepers would, occasionaly, 'drive him out' to a pond near by and make him wash himself, and then return to his cage. On the approach of cold weather he was brought to this Institution 'to stay till it could be ascertained if he were really bewitched.' For a few days after admission, he continued his filthy habits; but within three weeks he kept himself neatly clothed, and worked daily. He is now with the convalescent, quiet and respectable, and in a fair way to recover.

"Case 3.—A periodical case of excitement, the turns recurring once a month and lasting two weeks; very filthy, and so furious that it was only with great difficulty clothes could be kept on him. He had been in the Institution two years with no improvement. During his tranquillity he was listless and childish,—slept most of the time,—and could be occupied or diverted very little. At the time of opening the shop, he, being tranquil, was induced to go to work, and was placed in the upper story with the most quiet patients. He soon became interested, was taken to ride, fish, &c., for relaxation; continued his work with daily added interest, strength, and vigour; and in five months was discharged well. He has been, ever since his discharge, employed at his former trade, is industrious and faithful, and gives satisfaction to his employers."

Since writing the above, we have been favoured with the Report of the Friends' Asylum for the Insane, near Philadelphia[1]—a well conducted institution. In this we find an annual report by the physicians, Drs. Charles Evans and Robert R. Porter, from which we extract the following tabular view, drawn up by those gentlemen with the laudable views expressed in the paragraph that precedes it.

"As it is highly desirable that accurate detailed information relative to insanity, in this country, should be collected; in order that the great importance of a proper provision for the treatment of those afflicted with it, and the comparative certainty of cure under such treatment, may be brought with its deserved claims before the public; we have been induced to make out in tabular form the following synopsis of the cases in the asylum, third month 1st, 1836, and those received within the past year; hoping that in all other similar institutions a like course will be pursued.

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[1] Twentieth Annual Report on the State of the Asylum for the Relief of Persons deprived of the Use of their Reason. 8vo. pp. 18. Philadelphia, 1837. With a lithographic view of the institution.

NO.	AGE.	MALE.	FEMALE.	SINGLE.	MARRIED.	DURATION.	FORM.	CAUSE.	CONDITION. OR EVENT.
1	65	1		1		36 years.	Dementia.	Unknown.	Stationary.
2	55		1	1		20 “	Dementia.	“	“
3	45	1		1		17 “	Dementia.	“	“
4	68		1	1		31 “	Partial Insanity.	“	“
5	60	1			1	24 “	Moral Insanity.	“	Restored.
6	56	1			1	25 “	Dementia.	“	Stationary.
7	50	1		1		18 “	Dementia.	“	“
8	47		1	1		21 “	Dementia.	“	“
9	54	1		1		20 “	Dementia.	“	“
10	64		1	1		39 “	Partial Insanity.	“	Restored.
11	72	1		1		16 “	Partial Insanity.	“	Stationary.
12	53		1	1		21 “	Dementia.	“	“
13	68		1	1		15 “	Dementia.	“	Restored.
14	65		1	1		51 “	Dementia.	Constitutional.	“
15	43		1		1	22 “	Dementia.	Religion.	Stationary.
16	42		1		1	8 “	Partial Insanity.	Domestic Difficulties.	“
17	28	1		1		9 “	Moral Insanity.	Constitutional.	“
18	35	1		1		12 “	Moral Insanity.	“	“
19	53	1		1		35 “	Moral Insanity.	“	Restored.
20	50		1	1		18 “	Partial Insanity.	Unknown.	Stationary.
21	66		1	1		13 “	Moral Insanity.	“	“
22	55		1	1		13 “	Dementia.	Ill requited love.	“
23	39		1	1		11 “	Partial Insanity.	Constitutional.	“
24	33			1		4 “	Dementia.	Domestic loss.	“
25	47	1		1		17 “	Partial Insanity.	Unknown.	“
26	28		1	1		2 “	Partial Insanity.	Fever.	“
27	68		1	1		28 “	Partial Insanity.	Unknown.	Restored.
28	50	1		1		Through life.	Idiocy.	Constitutional.	Stationary.
29	36	1		1		15 years.	Moral Insanity.		“
30	76	1		1		26 “	Partial Insanity.	Unknown.	“
31	37	1		1		15 “	Dementia.	Intemperance.	“
32	32	1		1		5 “	Moral Insanity.	Constitutional.	Improved.
33	48	1			1	2 “	Partial Insanity.	Intemperance.	Restored.
34	26	1			1	5 “	Dementia.	Constitutional.	Stationary.
35	47	1			1	5 “	Partial Insanity.	Pecuniary Difficult's.	Much Impr'd.
36	22	1		1		3 “	Dementia.	Constitutional.	Restored.
37	45	1		1		21 “	Dementia.	Epilepsy.	Stationary.
38	48		1	1		From child'd	Dementia.		“
39	55		1	1		10 years.	Partial Insanity.		Much Impr'd.
40	57		1	1		40 “	Dementia.	Fright.	Stationary.
41	57		1			17 “	Partial Insanity.	Unknown.	Improved.
42	63		1	1		1½ “	Moral Insanity.	Domestic Difficulties.	Died.
43	58		1	1		Several years.	Partial insanity.		Much Impr'd.
44	27		1	1		7 years.	Dementia.	Fever.	Stationary.
45	52		1	1		5 “	Moral Insanity.	Constitutional.	Restored.
46	53	1				2½ “	Partial Insanity.	Constitutional.	Died.
47	47	1			1	1½ “	Moral Insanity.		Much Impr'd.
48	33		1	1		2 “	Partial Insanity.	Religion.	Restored.
49	27		1	1		Through life.	Moral Insanity.	Constitutional.	Stationary.
50	44	1		1		5 years.	Partial Insanity.	Intemperance.	“
51	17	1		1		2 “	Moral Insanity.	Defective Education.	Restored.

NO.	AGE.	MALE.	FEMAEE.	SINGLE.	MARRIED.	DURATION.	FORM.	CAUSE.	CONDITION OR EVENT.
52	55	1			1	1 year.	Partial Insanity.	Intemperance.	Restored.
53	41	1		1		7 "	Partial Insanity.	"	"
54	45		1	1		2 "	Dementia.	Trouble.	Improved.
55	35		1		1	14 Months.	Partial Insanity.	Domestic trouble.	Much impr'd.
56	35	1			1	4 "	Moral Insanity.	Intemperance.	Restored.
57	35		1	1		Several years.	Dementia.		Stationary.
58	35	1			1				Restored.
59	33		1	1		6 months.	Partial Insanity.	Disappointment.	Stationary.
60	25	1		1		4 "	Partial Insanity.	Exposure.	Restored.
61	25	1		1		13 "	Dementia.	Fever.	Stationary.
62	45	1		1		Many years.	Partial Insanity.	Paralysis.	"
63	25		1		1	1 week.	Mania.	Parturition.	Restored.
64	24	1		1		4 months.	Moral Insanity.	Constitutional.	"
65	20	1		1		1 "	Partial Insanity.		"
66	35		1		1	14 "	Moral Insanity.	Constitutional.	Improved.
67	50		1		1	5 years.	Moral Insanity.	Domestic difficulties.	Restored.
68	37		1		1	7 "	Partial Insanity.	"	Improved.
69	34	1		1		4 "	Partial Insanity.	"Injury of head."	"
70	50	1			1	18 months.	Dementia.	Dissappointment.	Stationary.
71	21		1	1		18 "	Partial Insanity.	"	Restored.
72	47	1			1	Over 1 year.	Moral Insanity.	Pecuniary Difficult's.	"
73	54		1		1	Several years.	Moral Insanity.	Constitutional.	"
74	23	1		1		Through life.	Moral Insanity.	"	Stationary.
75	50	1			1	2 years.	Moral Insanity.		Restored.
76	53	1		1		1 week.	Mania.	Domestic affliction.	"
77	25	1		1		2 years.	Partial Insanity.		Improved.
78	33		1	1		2 "	Partial Insanity.	Constitutional.	Restored.
79	20	1		1		1 week.	Partial Insanity.	Religion.	"
80	19		1	1		Through life.	Dementia.	Epilepsy.	Stationary.
81	36		1		1	2 years.	Partial Insanity.	Parturition.	Restored.
82	24		1		1	Several years,	Moral Insanity.	Opium eating.	"
83	56		1	1		4 days.	Mania.	Constitutional.	"
84	50		1	1		Over 1 year.	Partial Insanity.		"
85	30		1	1			Partial Insanity.		Stationary.
86	21	1		1		18 months.	Partial Insanity.		Restored.
87	45	1			1	Over 2 years.	Partial Insanity.	Constitutional.	Improved.
88	47	1			1	18 months.	Moral Insanity.	Intemperance.	Restored.
89	30		1	1		3 years.	Partial Insanity.		Stationary.
90	40		1	1		18 months.	Partial Insanity.		Improved.
91	47	1			1	18 "	Moral Insanity.		"
92	47		1	1		4 "	Mania.	Constitutional.	Restored.
93	26	1			1	18 "	Partial Insanity.		Much impr'd.
94	25	1		1		3 years.	Moral Insanity.	Constitutional.	Improved.
95	52		1		1	10 days.	Mania.	Mechanical injury.	Restored.
96	30	1			1	18 months.	Partial Insanity.	Constitutional.	Much impr'd.
97	20		1	1		4 years.	Partial Insanity.		Improved.
98	31	1			1	6 months.	Partial Insanity.	Pecuniary difficult's.	"
99	26	1		1		18 "	Partial Insanity.	Constitutional.	Much impr'd.
100	30	1			1	18 "			Restored.
101	31		1	1		18 "	Partial Insanity.	Disappointment.	Improved.
102	27	1			1	2 months.	Partial Insanity.		"
103	24	1		1		1 week.	Mania.	Disappointment.	Died.

"The following classification accords with that heretofore adopted:—

First Class.—Patients whose disease was under three months' duration, and the first attack. Restored, 7; just received, 1; died, 1—9.

Second Class.—Over three months and within twelve. Restored, 5; much improved, 1; stationary, 2; just received, 1—9.

Third Class.—More than one and within two years. Restored, 5; much improved, 4; improved, 4; stationary, 2; died, 1—16.

Fourth Class.—More than two years standing. Restored, 19; much improved, 4; improved, 9; stationary,[1] 36; died, 1—69.

RECAPITULATION.

Patients in the asylum, 3d month, 1st, 1836, 46; received since, 57—103. Discharged or died, 41; remaining in the asylum, 3d month, 1st, 1837, 62—103.

Of the forty-one patients discharged there were, restored, 26; much improved, 3; improved, 5; stationary,[2] 4; died, 3—41.

Of the sixty-two remaining in the house there are, restored, 10; much improved, 5; improved, 11; stationary, 36—62.

The report of the physicians concludes with some remarks to show the advantages of treating insanity in well conducted asylums rather than at home. Every practitioner, who has had the misfortune to have such cases under his management in private, is aware of the impracticability, in the generality of instances, to have proper care bestowed on the management, and has felt delight as a philanthropist and as a physician, that establishments of the nature of those whose reports are before us are in existence, where all that medical skill and attention can effect is assiduously bestowed, where every kindness is exhibited to the unfortunate sufferer, and where he can be wholly removed from those objects that suggest the insane hallucination. If any plan of moral and physical management can prevail, it must be when thus administered. There is nothing but truth in the following extract:—

"One of the most common attendants upon insanity is the suspension of affection for relatives and friends, which is often succeeded by dislike and detestation, and those places which have been the scenes of former comfort and enjoyment, by false notions and harassing impressions, become associated in the mind with the causes of unhappiness and perplexity. Hence, home, and those who are watching over him with the tenderest solicitude for his welfare, instead of contributing to the sufferer's comfort, or promoting his recovery, most frequently aggravate the violence of his symptoms, and retard, if they do not repel, the approach of convalescence. This being the case, it is consonant alike with the dictates of disinterested affection and sound sense, that the patient should be immediately withdrawn from these sources of injury, and as before remarked, be placed where both medical and moral means can be brought to combat with his disease; and hence one of the great advantages of properly conducted asylums. Unhappily, however, it too often happens that the friends of the patient, through mistaken kindness or false pride, suffer the most propitious period for effecting a cure to pass by, before they consent to his removal to a public institution, which he at last enters, when either his energies have become exhausted by unrestrained indulgence, or he has become too violent to be managed at home."

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[1] Nearly all these are cases of many years' standing.

[2] Three of these have been deranged upwards of ten years.

ART. IV.—DEATHS FROM AMPUTATION.

In some of those trying cases, which occasionally present themselves to the surgeon, and which were formerly doomed universally to the knife—such as compound fractures and luxations—and where he decides upon attempting to save the limb, and the patient dies, it is too commonly believed, that if amputation had been resorted to life would almost certainly have been preserved. Nothing is more erroneous. After describing a successful case of excision of the elbow joint, practised by himself in June 1835,[1] and which he says, so far as he knows, is the first of the kind performed in the United States, Dr. Thomas Harris affirms that, in the last two years, they have lost at least one case of amputation in four in the Pennsylvania Hospital, by the formation of metastatic abscesses, either in the brain, lungs, or liver. "It has been reported at the Hotel Dieu, that more than half their amputations terminate in the same discouraging manner. Nor ought this effect to excite our wonder, since by lopping off a considerable portion of the body, the equable action of the system is in some degree destroyed, causing thereby more or less disturbance in its functions."[2]

ART. V.—TRANSPLANTATION OF THE CORNEA (KERATOPLASTICE.)

BY DR. W. THOME'.[3]

Reisinger appears to have first had the idea of removing the whole of the cornea when obscured, and supplying its place by the healthy cornea of an animal. Experiments with the same view were made by Mössler and Dieffenbach.[4] By cautiously detaching—at a line from its circumference—the cornea of a rabbit or dog, and attaching a cornea taken in the same manner from another rabbit or dog to the edges of the incision by means of two fine sutures towards the angles of the eye, the new cornea in from twenty-four to thirty-six hours adhered to the whole of the cut circumference; preserving all, or nearly all, its transparency. No necessity existed to apply a bandage over the eye, or to use antiphlogistics. The sight, however, became troubled some little at a later period. Experiments made from the rabbit to the dog, and from the dog to the rabbit, succeeded perfectly. M. Thomé consequently infers, that the diseased human cornea might be removed in this manner, and be replaced by that of an animal—especially of the hog; but he has never tried the experiment.

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[1] A successful case of the kind, as performed by Mr. Key, is reported in the second number of the "Guy's Hospital Reports," p. 268, by Mr. Blackburn.—*Ed.*

[2] American Journal of the Medical Sciences, for Feb. 1837. p. 344.

[3] De Corneæ Transplantatione. Dissert. inaug. med. Bonn., 1835. 4to. 3 lith. Bruxelles, 1835. See Encyclograph. des Sciences Médic. Decemb. 1836.

[4] Most's Encyklopädie, u. s. w. Zweites Heft. S. 383. Leipzig, 1836.

BIBLIOGRAPHICAL NOTICES.

Professor McNaughton's Address.[1]

This pertinent address contains a history of legislation in the state of New York, touching the exercise of medicine. It shows clearly, we think, the impolicy of the multiplication of medical schools in that state; the number of students recently attending both at Fairfield and Geneva College not exceeding the class in attendance at Fairfield alone in 1834.

Professor McNaughton draws attention to what he considers a few of the defects in medical education. The greatest, he properly thinks, is the state of the preliminary education of students of medicine. "Much the greater number of them are destitute of classical attainments; and even their English education is often very imperfect. Not a few of the graduates in medicine are unable to translate a line of their diploma."

Professor McNaughton is somewhat severe on some of his New England neighbours.

> "There exists on our eastern border, a cordon of medical schools, some of which are so accommodating as to give two courses of lectures in a year, to which the students of this state could resort, even in greater numbers than they do now, if the requirements for degrees were much higher with us than in other states. By the printed regulations of some of the medical schools of the adjoining states, it would seem, that the requisitions for degrees are higher than in this state; for, a competent knowledge of Latin and natural philosophy is required. But, notwithstanding, it is found, in practice, that the want of such acquirements is no insuperable objection to the success of a candidate for the degree.
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> "It is well known to the generality of students in this state, that a medical degree can be as easily obtained in the New England colleges as in those of this state. In one of these schools the facility of obtaining degrees is become notorious. We know of several instances in which degrees were conferred on persons rejected, not only once but twice, in this state—persons noted for natural dulness, as well as ignorance of their profession.
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> "Last spring, an instance occurred, in which a degree was conferred on an individual, rejected by one of our colleges, within a few months of his rejection, and without any attendance on lectures at the college conferring the degree, although, by their printed regulations, the candidate is required to have attended one full course, at least, at the institution. It is manifest, that, while this state of things is tolerated, if the requirements for degrees in this state were higher than elsewhere, our own schools would be deserted, and the professors left to discourse to a 'beggarly account of empty' benches. The requisitions for license must be raised, before we can demand higher qualifications from candidates for degrees.
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> "It is for this society to determine, whether or not it be expedient, at present, to require more extensive general knowledge before bestowing a license. It would be unjust to insist, all at once, on higher attainments from candidates; but it certainly appears proper, and necessary, that some steps should be taken to bring about such a measure of reform, as to affect all who may, from this time, enter upon the study of medicine. I believe this society possesses the power to determine the qualifications necessary for receiving their license, without further action of the legislature."

An individual can obtain a license from the state or county medical societies without any attendance on lectures. Four years' study is requisite, but

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[1] Address delivered before the Medical Society of the State of New York, Feb. 8, 1837. By James McNaughton, M. D., President of the Society. pp. 40. Albany, 1837.

Professor McNaughton suggests that the attendance on one full course of lectures should be a prerequisite to receiving a license; and that the candidate should likewise be required to have attended the practice of some respectable hospital for six months, and to have gone through at least one course of dissections.

It is to be regretted that the following remarks should be applicable any where. The good sense of the community cannot fail to abolish the evil depicted.

"In regard to dissections, all our schools labour under disadvantages. There is no legal mode of obtaining subjects. It is by law declared felony to be concerned in the exhumation or dissection of a human body. The only subjects legally obtained, are the bodies of convicts who die at the state prisons, not claimed for burial by relatives. If all who die at the state prisons were given up, the supply would be inadequate. The bodies of those only who die in winter can be of any use, and these seldom exceed two or three during the season. Few as these are, those from the prison at Auburn are divided between the schools at Fairfield and Geneva. The result of this narrow policy is, that the schools, particularly the country ones, are scantily supplied—and that, in all, the supply is precarious and expensive;—for it cannot be supposed that those who procure subjects, at the hazard of liberty and life, will expose themselves, without compensation corresponding with the risk they run.

" Great Britain, after a course of illiberal measures on this subject, has at last legalised the pursuit of anatomy; and the example has been, very much to her credit, followed by the state of Massachusetts. New York has the unenviable distinction of having on her statute books a law, on this subject, such as has never been known in the legislation of any civilised community since the darker ages. It would be difficult to say whether we could hope for success in an atttempt to get this law repealed. When, a few years ago, such an attempt was made, at the general revision of the laws, instead of relaxing the severity of the existing law, it was proposed by the revisers to withhold even the bodies of those who died at the state prisons.

" They contended, that so long as the bodies of criminals were given up, the practice of human dissection would remain unpopular. When asked, how the public schools were to get subjects, it was answered, that they could get them from other states. Now, if it be wrong to procure subjects for dissection, at home, it cannot be right, in our humble opinion, to get them from abroad. The idea of rendering dissection popular, by not associating it with crime on the part of those dissected, is a most preposterous one. There is a feeling in the human breast, that revolts at the thought of seeing the remains of friends and relatives mutilated; that their dissection can never be tolerated, except under very peculiar circumstances, or to subserve the ends of public justice.

"Then, as the public safety demands it, and as no medical man can discharge his duty properly, who is not skilled in anatomy, is it not absurd to be establishing medical schools, while it is declared felony to procure the means by which alone they can flourish, or accomplish the ends for which they are instituted? Is it not moral cowardice, or something worse, on the part of representatives, to shrink from the performance of a solemn duty, for fear of wounding the prejudices of some few of the most ignorant of their constituents? Is it creditable for intelligent, liberally educated men, when such questions are discussed, to appeal to the passions of the multitude, about the injustice of giving up the bodies of the poor—the unfortunate, friendless poor—to the scalpel of the anatomist? Such a course might be expected of a demagogue;—but better things might be looked for from men of enlightened minds. If anatomy must be studied—if the public safety require it, (and who denies it?) ought not the legislature to make suitable provision for doing it legally? In some way or other it will be done. Is it not better then that the remains of the inmates of our jails, penitentiaries, and alms-houses—persons that have been long supported at the public expense, and who have no relatives or friends whose feelings can be wounded—shall be given up for dissection, under proper restrictions, than that the graves should be robbed, the feelings of friends lacerated, and whole communities thrown into confusion and disturbance.

"In France, where the government provides subjects, such a thing as the violation of a private burying ground is unknown. Such would be the effect of liberal measures here: and the credit of the state requires that something should be done."

We are pleased to observe that the views of Professor McNaughton harmonise so well with our own on many topics. He will find, that in a forthcoming publication[1] we had arrived at many of the same conclusions with himself.

Abercrombie on Diseases of the Brain.[2]

A reprint of this very edition of the beautiful and valuable little volume before us has been published in this country by Carey, Lea & Blanchard. It ought to be read by every practitioner.

South on the Bones.[3]

The fact of this little volume being in its third edition is a sufficient evidence of the estimation in which it is held in Great Britain. It contains nearly *two hundred* woodcuts of the bones; the drawings having been made from the bones themselves, with the exception of the frontispiece from Cheselden, and some parts of the ear, which have been taken from Sömmering's great work, "De Auditu." A letter from the publisher to the editor of this journal states that he has sent a quantity for sale to the Messrs. Carey & Hart, of Philadelphia.

Combe's Physiology.[4]

This little work—intended more for the public than the profession—has had a surprising sale. Two reprints have been made of it in this country: one of the first edition in New York, and another of the third edition, we believe, in Boston. Dr. Combe asserts that nearly twenty thousand copies were sold in England and America within two years and a half of its first publication! Perhaps no work has had a greater effect in diffusing a taste for the study of physiology through the community.

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[1] The Medical Student, &c.

[2] Pathological and Practical Researches on Diseases of the Brain and Spinal Cord. By John Abercrombie, M. D. Oxon. and Edin., V. P. R. S. E., Fellow of the Royal College of Physicians of Edinburgh, Member of the Royal Academy of Medicine of France, and First Physician to his Majesty in Scotland. 3d edit. enlarged. 12mo. pp. 457. Edinburgh, 1836.

[3] A Description of the Bones, together with their several connections with each other and with the muscles: specially adapted for students in anatomy. By John F. South, Assistant Surgeon to St. Thomas's Hospital. Illustrated with numerous engravings by Branston. 3d edit. enlarged and corrected. 12mo pp. 145. Lond. 1837.

[4] The Principles of Physiology applied to the Preservation of Health, and to the Improvement of Physical and Mental Education. By Andrew Combe, M. D., Fellow of the Royal College of Physicians of Edinburgh, and Consulting Physician to their Majesties the King and Queen of the Belgians. 5th edit. revised and enlarged. Small 8vo. pp. 438. Edinb. 1836.

Morton on Consumption.[1]

The call for a new edition of Dr. Morton's work, in so short a time, sufficiently attests the value placed upon it by his professional brethren.

The present edition is much enlarged and improved; the former, indeed, as he justly remarks, was but the skeleton of the present; the whole work has been re-written, and the quantity of matter is considerably more than double. Within the period, too, that has elapsed, Dr. Morton has had the opportunity of personally observing the climate of some of the West India islands, and the results are of course embodied in the volume before us.

The work enquires into those morbid conditions of the lungs and their appendages that usually co-exist with phthisis; into the anatomy of tubercular matter; the pathology, causes, symptoms, and treatment of phthisis; its complications with other diseases; into those diseases which have been regarded as species and varieties of phthisis; and into the character of the different climates, &c., to which the consumptive are sent.

The appendix comprises: 1. Maxims for individuals who visit the West Indies in search of health; 2. On the existence of pulmonary consumption among the North American Indians (with an interesting letter from Dr. Pitcher, of the U. S. army); 3. Statistics of lung diseases in some of the cities of the Union; 4. Relative frequency of tuberculous disease in the different organs, and at different ages; 5. Influence of age on the existence of tubercles; 6. Influence of insanity on pulmonary consumption; and 7. Influence of different professions on phthisis.

The work is highly creditable to Dr. Morton as a pathological observer, and a medical writer, and we strongly recommend it to the perusal of the practitioner.

Memoirs of the Royal Academy of Medicine of Paris.[2]

This fasciculus contains two biographical notices—one of M. Dupuytren, the other of M. Lerminier; the subjects of the prizes decreed by the academy; a memoir by M. Itard on deafness; one by Dubois of Amiens, entitled "New Philosophical Inductions, applied to the study of Idiocy and Dementia;" psychological remarks on the Siamese twins, by the same individual; and a notice of the cow-pox, discovered at Passy, near Paris, in 1836, by Bousquet. A translation of the memoir of M. Itard appears in our present number.

In addition to the "Mémoires," the society publish a "Bulletin," which is edited by MM. Pariset, Roche and Bousquet. It contains the transactions of the Academy, noticed briefly, with such communications as are not of sufficient length for the "Mémoires." The "Bulletin" appears twice a month, in 8vo.

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[1] Illustrations of Pulmonary Consumption, its Anatomical Characters, Causes, Symptoms and Treatment. To which are added some remarks on the climate of the United States, the West Indies, &c., with thirteen plates, drawn and coloured from nature. Second edition. By Samuel George Morton, M. D. Late Physician to the Philadelphia Almshouse Hospital; Member of the Royal Medical Society of Edinburgh; of the Philadelphia Medical Society; of the College of Physicians and Surgeons of the University of New York; of the American Philosophical Society; of the Academy of Natural Sciences of Philadelphia, &c. &c., (with two mottos.) 8vo. pp. 349. Philadelphia, 1837.

[2] Mémoires de l'Academie Royale de Médecine. Tom. V. Fascic. 4^e. avec Planches, 4to, pp. 146. Paris, 1836.

Swan's Comparative Anatomy of the Nervous System.[1]

These are really most beautiful illustrations of the nervous system of some of the lower animals. Plate I. is the dorsal aspect of the crab, (*cancer pagurus*); II. The ventral aspect; III. The dorsal aspect of the lobster, (*astacus marinus*); and IV. The ventral aspect of the same Plate V. contains seven figures. 1. The centipede, (*scolopendra morsitans*). 2. Dorsal aspect of the earth-worm, (*lumbricus terrestris*). 3. Ventral aspect of the same. 4. The leech, (*hirudo medicinalis*). 5. The slug, (*limax ater*). 6. The whelk (*buccinum undatum*), and another view of the same fish. Plate VI. shows the sympathetic nerve of the cod, (*gadus morrhua*); and plate VII. the spinal nerves of the same.

Professor Dunglison's Address.[2]

We can say no more of this address than that its object is—to show that medicine has always kept pace with the sister sciences of physics and metaphysics; to uphold the dignity and usefulness of the medical profession; and to inculcate sound principles of medical ethics.

Appended to the address is a list of the graduates of the school to which the author is attached.

MORISON'S PILLS.

In a recent action, brought by Messrs. Morison & Moat, the well-known manufacturers and venders of the so called "Morison's pills," against Alderman Harmer, proprietor of the London Weekly Despatch, for an alleged libel published in that newspaper, some eminent physicians of the British metropolis were called on to give testimony. The language of the libel was by no means equivocal or guarded. "Since we," said the defendants, "commenced exposing the homicidal tricks of these impudent and ignorant scamps, who had the audacity to pretend to cure all diseases with one kind of pills, which pills were composed of nothing more or less than gamboge and aloes, several of the rotgut rascals have been convicted of manslaughter, and fined and imprisoned for killing people with enormous doses of their 'Universal vegetable boluses.'"

On the trial, Professor Daniel, of King's college, London, stated that he analysed the pills. No. 1 consisted of resin of aloes, eleven grains and one tenth; cream of tartar, ten grains and four tenths; gum and soluble matter, four grains and four tenths—in twelve pills. No. 2 consisted of resin of aloes, five grains and one tenth; gamboge, four grains and one tenth; pounded colocynth, two grains; gum, four grains and seven tenths; cream of tartar, six grains and seven tenths.

Mr. Daniel's evidence was corroborated by that of Mr. Hume, the chemist.

Sir H. Halford, amongst other matters, stated, that he had no conception that the pills could be safe in all cases, and he should be sorry to attempt in his practice to administer them. He could not pretend to say what dose of the pills would produce death; but thought it would be most dangerous to take eight hundred and fifty pills in thirteen days; he would be surprised by a perfect recovery being induced by it.

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[1] Illustrations of the Comparative Anatomy of the Nervous System. By Joseph Swan, P. I. 4to pp. 27. Seven plates. London, 1835.

[2] Address to the Medical Graduates of the Jefferson Medical College. Delivered March 11th, 1837. By Robley Dunglison, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence. Published by the graduates. 8vo. pp. 20. Philadelphia, 1837.

Dr. James Johnson had seen the advertisement of these pills, and also heard the results of the analysis; did not think it proper for the public health that the pills should be given in the quantities prescribed, and for the cure of the diseases named; the pills were calculated to be very destructive to life; the great culpability consists in their indiscriminate administration, and in such excessive quantities.

On the part of the plaintiffs, evidence was adduced which signally exhibits how prone the human mind is to lean to empiricism, and with what pertinacity mankind will continue to cling to that which, if advised by a scientific practitioner, would be abandoned with one half the trial.

Mr. Saunders, a retired tradesman, deposed, that he gradually increased the dose of the pills, until he took twenty every night for two months; one night, feeling very unwell, he took a second twenty, and found they had the desired effect. At the end of two months he found himself quite a new man; his complaints were entirely removed, (much laughter); he had since found them to be cures for tic douloureux, and lumbago, taken in doses of eight a day, (renewed laughter). Cross-examined by Mr. Sergeant Wilde. In what part of your person had you the tic douleureux? Witness,—Perhaps if I had said the toothache and swollen face it would have been better, (roars of laughter).

Richard Linton deposed, that twelve years ago he was afflicted with general debility. Mr. Abernethy, to whom he applied, told him to read his book, (laughter); when he described to Mr. Abernethy how he felt, he paid no attention, but walked about the room and sang "tol lol de rol." At length he heard of Morison's pills, and took them, eight at night and eight in the morning; they cured him. Thought, during the cholera period, that he had the disease. Took twenty pills, No. 1, and twenty No. 2, to calm the irritation of No. 1; awoke in the night, and told his wife how he felt; the first dose had worked off; so took twenty more of No. 2. These caused vomiting, so he took fifteen of No. 1 to stop it; which gave him partial relief. He then took twenty of No. 2, and was cured of the cholera. His wife had taken thousands of the pills.

Mr. Huxtable was cured of a fistula by the pills.

Joseph Pearce, a grocer and cheesemonger, was attacked with giddiness, pains in the head, and loss of appetite; took sixty pills a day for thirteen days; received relief; took eighteen thousand in two years, (great laughter). paid about £22 for the eighteen thousand, and they were well worth it, (laughter). Mr. Sergeant Wilde,—How did they affect you? Witness,—They produced a great discharge from my nose, which lasted for three weeks, (loud laughter). Mr. Sergeant Wilde,—It is suggested to me that this is the way you paid for them—through the nose, (continued laughter.)

The jury, by their verdict, denounced the pills as dangerous; but added, that they thought they might be taken if administered with proper care and discretion.

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[1] London Times, for Feb. 11, 13, and 14, 1837.

All the facts, connected with these pills, seem to show that, when a "tolerance" is attained, an almost unlimited number may be taken with impunity; but that in other cases this tolerance is not acquired; and they induce inflammation of the lining membrane of the bowels, which has, in more than one instance, terminated fatally.

Morbus Brightii.—In the next number of the "Library" we purpose to give the valuable paper of Dr. Bright, published in the first volume of Guy's Hospital Reports,[1] entitled "Cases and Observations Illustrative of Renal Disease accompanied with the Secretion of Albuminous Urine." It may be known to most of our readers, that Dr. Bright was the first to detect a granular affection of the kidney, accompanied with albuminous urine, in dropsy. His observations were published in the year 1827.[2] Since that time many similar cases have been described, but all have so unhesitatingly assigned him the merit of having first pointed out the connection between morbid conditions mentioned, that it has been termed in France, the *Maladie de Bright*, and elsewhere the *Morbus Brightii.* We have now before us the "Journal der praktischen Heilkunde," of G. W. Hufeland and E. Osann, for September last, in which there is the first portion of a translation into German, by Dr. Nevermann, Practising Physician and Operator at Plau, in Mecklenburg-Schwerin, of a Danish paper by Dr. Larpent, of Copenhagen, "On the Morbus Brightii, or on Albuminous Urine in Dropsy as a pathognomonic sign of a peculiar disease of the kidney."

Dr. Bright assigns too great frequency perhaps to the malady in question; but it is one that excites at present so much interest every where, and is withal of so much practical importance, that our readers ought to have an opportunity of examining his views in his own language.

Carver on the Seat of the Moi *or Mind.*—We have received from Dr. Hartwell Carver, of Pittsford, Monroe county, New York, some remarks on the case by Dr. Boerstler, published in our first number, which are doubtless as original with him as they are peculiar. The doctor says he has long believed that the brain is not the seat of the intellectual and moral acts, and that the case in question confirms his conviction. He considers, that all the nerves assume and obtain their peculiar sensibility after they emerge from the brain; and that the agency of this viscus is confined to its growing the nerves "through its rich and nutritious quality," "like our gardens from which we grow our vegetables, which have but one property, that of nourishing and causing various articles to grow;" and he concludes that the mind and all the different senses are formed remote from the brain: "there are no facts that prove the mind to be formed in the brain, or that the nerves come forth from the brain with intelligence."

Dr. Carver's own mind appears to be made up on this matter, but we apprehend he will meet with insuperable difficulties, if he attempt to cause others to participate in his belief.

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[1] Page 338. London, 1836.

[2] Reports of Medical Cases, selected with a view of illustrating the symptoms and cure of diseases by a reference to morbid anatomy. 2 vols. 4to. London, 1827—1831. With coloured engravings.

Agency of the Acarus in producing the Itch.—In a *mémoire* read before the Académie Royale de Médecine on the 23d of October last, M. Albin Gras concludes: 1. That the acarus exists in the large majority of those labouring under the itch, and probably in all before they have been placed under treatment; 2. After the destruction of the insects, the itching of the vesicular, pustular, and papular eruption may continue for a while, and at length yield only to a methodical treatment, but the disease is not contagious; 3. That the acarus is the agent of the contagion of the itch. In the course of the discussions it was stated by M. Maury, that M. Pariset had inoculated two lunatics by means of the acarus, and that it had succeeded so well that one of them had communicated the disease to his family. Other cases of a similar kind were mentioned.

Professor Ducatel.—The medical department of the University of Maryland has experienced another loss in the resignation of Dr. Julius T. Ducatel, Professor of Chemistry and Pharmacy, and for three years the editor's amiable, able, and effective colleague in that institution.

Louisville Medical School.—In the year 1837, the legislature of Kentucky granted a charter for the establishment of the "Louisville Medical Institute." Acting under this, the mayor and council of Louisville have, we are informed, appropriated four acres of ground within the city, valued at $40,000, as a college site, and $50,000 in money, for the erection of a suitable edifice, the purchase of a library, apparatus, &c. The school, it is expected, will commence its operations in the ensuing fall.

Medical School of the Transylvania University.—We regret to learn, that in consequence of dissensions which have unfortunately arisen, in relation to the removal of this school from Lexington to Louisville, it has been deemed expedient, by the board of trustees of the university, to remove all the professors, and to go into a fresh election. Precise statements of the grounds of this procedure have not yet reached us.

NECROLOGY.

Dr. Hugh Ley.—This intelligent physician—whose work on laryngismus stridulus[1] we had but lately received from England—died on the 24th of January last, of the consequences of rheumatic inflammation of the heart. He had suffered from acute rheumatism many years ago, and had of late been frequently subject to rheumatic inflammation of the limbs, accompanied with pain and swelling, though not commonly of such severity as to confine him to bed. The heart had been injured in one of the early attacks, and became progressively hypertrophied, attended with so much palpitation and distress as to render it difficult for him to attend to business. These symptoms gradually augmented until the period of his death.

"Dr. Ley," says one well acquainted with him,[2] "was a man of skill and talent, well informed in his profession, and having a very remarkable command of language; indeed, he was one of the most fluent lecturers and speakers we ever met with. His professional reputation was without blemish, and his sentiments on all subjects were those of a gentleman."

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[1] An Essay on the Laryngismus Stridulus, or Croup-like Inspiration of Infants, &c. Lond. 1836.

[2] The London Medical Gazette, for Feb. 11, 1837. p. 752.

He was Physician-accoucheur to Middlesex Hospital, and Lecturer on Obstetrics at St. Bartholomews.

Dr. Turner, Professor of Chemistry in University College, London.—This distinguished chemical writer and teacher died recently of pulmonary consumption, under the symptoms of which he had long laboured. Before he was appointed to the chair of chemistry in the London University, he had acquired so much reputation as a private lecturer on that subject in Edinburgh, that he was unhesitatingly chosen for the responsible office. His "Elements of Chemistry"—five American editions of which have appeared, with notes and emendations, by Dr. Franklin Bache of this city—have made him well known to, and justly appreciated by the American philosopher and student. His funeral took place on the 18th of February, attended by a procession of the students.

It is asserted that Professor Christison, of Edinburgh, is to succeed him in his professorship.[1]

BOOKS RECEIVED.

The Principles of Physiology, applied to the Preservation of Health, and to the Improvement of Physical and Mental Education. By Andrew Combe, M. D., &c. &c. 5th edit. revised and enlarged. Edinb. 1836.

An Essay on the Laryngismus Stridulus, or Croup-like Inspiration of Infants. To which are appended Illustrations of the General Principles of the Pathology of the Nerves, and of the Functions and Diseases of the Par Vagum and its Principal Branches. By Hugh Ley, M. D., Member of the Royal College of Physicians of London, &c. &c. Illustrated with plates. 8vo. London, 1836.

A Treatise on Insanity and other Disorders affecting the Mind. By James Cowles Prichard, M. D., F. R. S., &c. &c. 8vo. London, 1835.

Pathological and Practical Researches on Diseases of the Brain and the Spinal Cord. By John Abercrombie, M. D., Oxon. and Edinb., V. P. R. S. E., &c. 3d edit. enlarged. 12mo. Edinb. 1836.

A Conspectus of the Pharmacopœias of the London, Edinburgh, and Dublin Colleges of Physicians; being a Practical Compendium of Materia Medica and Pharmacy. By Anthony Todd Thompson, M. D., F. R. S. Professor of Materia Medica and Pharmacy in the University of London. 9th edit. 18mo.

New and Complete Manual of Auscultation and Percussion, applied to the Diagnosis of Diseases. By M. A. Raciborski, M. D., of the Faculty of Paris, &c. Translated by William Fitzherbert, B. A., Cambridge. Small 8vo. London, 1835.

A Bedside Manual of Physical Diagnosis, applied to Diseases of the Lungs, Pleuræ, Heart, Vessels, Abdominal Viscera and Uterus. By Charles Cowan, M. D., P. & E. 24mo. London, 1836.

The kind communications of Dr. Thos. F. Betton, of Germantown, and of Dr. H. J. Bowditch, of Boston, are duly appreciated.

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[1] The London Medical and Surgical Journal, for Feb. 18, 1837.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. May 15, 1837. No. 4.

Art. I.—ON A GENUS OF ACEPHALOUS PEOPLE IN ETHIOPIA, AS DESCRIBED BY ST. AUGUSTINE.

BY JOHN REDMAN COXE, M. D.
Formerly Professor of Chemistry in the University of Pennsylvania.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

Dear Sir,—It is rather surprising that an asserted fact of Sir John Mandeville, the celebrated traveller, of his having met with men in the course of his travels whose heads were placed beneath their shoulders, should have ranked him foremost in the list of lying historians, whilst a similar tale had long before his time (from 1300 to 1370) been communicated to the world under the high authority of Pliny, and even of a father of the church, the venerable St. Augustine.

As I find the circumstance adverted to in more than one medical author—and as, moreover, it is in itself connected with some of the branches of medicine, I believe a short statement of it will be legitimately an object of your journal, and if it does not instruct, may at least amuse, your readers.

In a curious old work of Gaspar a Reies Franco, printed at Brussels, 1661, entitled "Elysius jucundarum quæstionum campus omnium literarum," &c., amongst one hundred questions proposed and considered, both in law, physic, and divinity, is the following, constituting the 31st, at p. 218:—"An capite præciso vivere possit animal, saltem per breve tempus; an ad aliquod spatium progredi? et an recisum caput loqui naturaliter possit?" All which are separately investigated, and the references to various authorities, on both sides, are numerous, and very particularly noted.

Without entering into details, it is sufficient to state, that certain cases of decapitated persons walking, are admitted as of a miraculous character, such as Dionysius the areopagite, and the Saints Quiteria and Victoria; but on which, from being of this miraculous character, he does not reason. The case of insects mutilated and living after decollation, and other instances of men losing their heads in battle, yet continuing for some moments their progress onwards before falling, are stated, and authorities quoted,—yet not without some troublesome qualms as to a perfect belief! though the author very kindly refers them all to the judgment of others; and he proceeds to notice the cases of acephalous monsters, referred to by Paré, Schenckius, Licetus, and Aldrovandus, who give various histories of such cases, "quæ sine capite nata, non tamen propterea sensu et motu carebant, dum viva manere visa sunt." Although not seeming to yield implicit faith, even to the authorities he adduces, he goes on to state from that of Huldericus, that in the kingdom of Guiana, a genus of acephalous men are living, "oculis et facie in pectore collocatis;" and which, he tells us, Pliny confirms, (liber 5, cap. 8) in his statement of a genus of men at Mount Milo in Asia, who live, "sine capite;" and likewise of the Blemmii, who, he says, "capita illis abesse, ore et oculis pectori affixis." To these our author (Reies) brings forward the high authority of St. Augustine, as follows: "quod ne quis fabulosum putet [referring to the above statements of Pliny, &c.] credendum D. Augustino, qui Serm. 37 hoc habet."—" Ego jam Episcopus Hipponensis eram, et cum quibusdam Christi Servis, ad Æthiopiam perrexi, ut eis Christi Evangelium prædicarem; et vidimus ibi *multos homines et mulieres capita non habentes, sed oculos in pectore!*"

I was absolutely overpowered by this statement given from the *personal* observation of not merely the saint himself, but all his Christian brethren; and was led to doubt the correctness of the quotation; although the fact is referred to in the 7th Satyra of D. G. Franck, (p. 135 of his Satyræ Medicæ, printed at Leipsic, 1722,) and in which other authorities, &c. beyond those mentioned by Reies, are carefully enumerated. I was led also to recollect what is said by his biographers of his propensities for the marvellous, &c. in his youth.[1] Having fortunately an edition of his writings, I hastened to remove my doubts on the subject,—and in his work entitled " Sermones ad Fratres in Eremo," (Ed. Fol. Bl. let. Paris, 1516) Serm. 37, p. 17, I found it nearly as Reies quotes, but in still stronger terms, viz. " *Ecce* ego jam Episcopus Hipponensis eram, et cum quibusdam Servis Christi ad Æthiopiam perrexi ut eis sanctum Christi evangelium prædicarem; et vidimus ibi multos homines ac mulieres capita non habentes, sed oculos *grossos fixos in pectore, cætera membra æqualia nobis habentes;*" and a few lines further on he adds, " vidimus et in inferioribus partibus Æthiopiæ homines *unum oculum* tantum in fronte habentes." &c.

We perceive, then, that in this Sermo, which is headed "De Fornicatione," St. Augustine stands on his own responsibility in the affirmation made; and, as he lived from about 350 to 430, he is apparently the first *Christian* authority (Pliny being nearly three centuries before him,) for acephalous people; and Sir John Mandeville must no longer bear the aspersions thrown upon him.

I must add, that Reies, anxious for the credit of so holy a man, yet not daring to dissent from him and deny the fact entirely, has attempted a lame kind of explanation, of the possibility of the people seen by St. Augustine having a defect in, or wanting altogether, a *neck;* by which the head being directly affixed to the thorax, would seem, from its necessarily defective motion, to be a part of the body itself! I rather apprehend this does not much mend the matter, as it is not a mere insulated fact of an individual monster, but of a whole nation, or genus. Besides, as the saint also affirms to a genus of monoculi, or one-eyed people, like Polyphemus and his brethren, we fear we may safely add, with Butler, that

" He needs optics sharp, I ween,
That sees what is not to be seen!"

I presume the extraordinary standing of this great man cannot for an instant be shaken by a little of that invention which has always attached itself to the *traveller;* and few appear to have traversed more extensively than St. Augustine, the " antres vast," &c., of Africa, where miracles and magic have always been prevalent.

How these good people managed without a nose, we are not told by any of their biographers. However, if the reader wishes to see some of the remarkable people of former ages, (at least their pictures,) he may have that pleasure in old Munster's "Cosmographia," (p. 1080, Ed. 1550,) as well as of all those other strange varieties of the human race enumerated by different writers. Those engravings are indeed copied from others of an earlier date, since we find them in a work entitled "Margarita Philosophica," (Basil 1508, black letter and without paging,) liber 9, cap. 40; a work of an extraordinary character, and something of the nature of an encyclopedia, in question and answer,—touching almost every branch of art and science, from the horn-book to metaphysics. In it, among other singular engravings, we have the outline of the skull, *divided into partitions*, or compartments, for the then admitted faculties of the mind, &c., being one of the earliest attempts of a phrenological map,—three centuries prior to Gall and Spurzheim.

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[1] Biogr. Dict.—under head of Augustine. Also, " Robinson's History of Baptism," 4to, 1790, London, in which the life of Augustine is very well sketched, as also in Bayle; all proving him to have been, in early life, by no means exempt from failings.

If the above remarks are not incompatible with the arrangement of your journal, they are much at your service. Yours respectfully,

JOHN REDMAN COXE.

DR. DUNGLISON. *April* 4, 1837.

Since writing the above I have met with another "fact" equally confirmed by undoubted testimony, viz. that of the senate of the city of Ulm,—of a horrid monster, born without a head, and having a mouth in its left shoulder, and in the right an ear, &c. This monster is stated to have been the product of an intercourse between the devil and a certain female, to whom he appeared in the shape of her husband. The event is stated as occurring in 1565, and the particulars are given from the aforesaid authority, in the 2d vol. of J. Wolffius. "Lectiones Memorabiles et Reconditæ." Frankfort, 1671. p. 907.

ART. II.—ON THE INFLUENZA.

BY DRS. J. RADIUS,[1] AND G. GLUGE.[2]

We have before us—recently received from Germany—two essays on the influenza; both, however, written before the prevalence of the recent visitation of this epidemic in Great Britain and on the continent of Europe. Of this last we shall doubtless soon receive full details from some of the medical authors of Europe. The first of these essays is a history of the epidemic of 1833, and of the writers who have described it. The latter is on the influenza in general, in which we have the literary as well as scientific history fully considered.

The names given to this affection in different countries, and in the same country, have been various.

In Germany, it has been called Spanischer Ziep, Pips (epidemic of 1580), Schafhusten (sheep cough), Modekrankheit (fashionable disease), *morbus vervecinus*, *M. Arietis*, and Hünerweh, *cephalalgia contagiosa* (epidemics of the 16th and 17th centuries).

In France, *Tac* (a stroke), *Ladendo*, *Quinte* (used also for *hooping-cough*), *Florion* (a violent stroke), *coqueluche* (until into the 16th century; it now means *hooping-cough*), *Baraquette*, *Générale*, *Grippe*, (the common name in France at this time), *Follette*, *Grenade*, *Coquette*, *Petite Poste*, *Petit Courier*, and *Allure*.

In Italy, *Il cortesivo coculueo* (until into the 16th century), *Mal del castrone*, *Moutone*, (so called from the tone of the voice), *Mazuchi*, and *Morbo russo.*

In Spain, *Catarrho epidemico.*

In England and America, *Influenza* (in the 18th century, Huxham), and *Epidemic Catarrh.*

The Italians have employed the word *influenza* for other epidemics, and this is the reason why, in the chronology given by Zeviani, it appears to have recurred more frequently than in that of other historians. The following dates of the recurrence of influenza, to the commencement of this century, are on the authorities of four different medical chronologists.:—

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[1] De Influentia Morbi Anni MDCCCXXXIII. Commentatio qua viro excellentissimo experientissimo Car. Gottlobo Kuehn, P. P. O. Doctoratus in Medicina impetrati semisecularia gratulatur interprete Justo Radius Societas Medica Lipsiensis. 4to. pp. 22. Lips., 1833.

[2] Die Grippe oder Influenza. In Hecker's "Neue wissenschaftliche Annalen der gesammten Heilkunde." Band. iii. Heft 2. p. 129.

Most.—1712, 1729, 1732, 1743, 1762, 1782, 1800.
Saillant.—1510, 1557, 1558, 1574, 1580, 1658, 1669, 1676, 1729, 1732, 1733, 1734, 1735, 1736, 1737, 1741, 1742, 1743, 1761, 1775, 1780.
Webster.—1510, 1557, 1580, 1587, 1591, 1597, 1602, 1610, 1647, 1650, 1655, 1658, 1675, 1679, 1680, 1688, 1693, 1697, 1698, 1708, 1709, 1712, 1729, 1730, 1733, 1737, 1743, 1747, 1755, 1757, 1762, 1767, 1772, 1775, 1781, 1782, 1788, 1789, 1790, 1795, 1797.
Zeviani.—1239, 1311, 1323, 1327, 1358, 1387, 1400, 1410, 1414, 1438, 1482, 1505, 1510, 1543, 1557, 1562, 1574, 1578, 1580, 1591, 1593, 1597, 1617, 1622, 1658, 1663, 1669, 1675, 1679, 1691, 1709, 1711, 1729, 1733, 1737, 1743, 1762, 1782, 1788.

Dr Gluge, from his investigation of this matter, considers that the following is the chronological order of the return of the true influenza:—

14th century,	1323, 1326.
15th "	1410, 1411, 1414.
16th "	1510, 1557, 1562, 1574, 1580, 1593.
17th "	1658, 1669, 1675, 1693.
18th "	1708, 1712, 1729, 1732, 1733, 1742, 1743, 1761, 1762, 1775, 1776.
19th "	1800, 1803, 1831, 1833.

Art. III.—NOTE ON THE CONSOLIDATION OF COPAIBA.

BY MR. AUGUSTINE DUHAMEL. ELEVE OF MR. DURAND, PHARMACIEN, PHILADA.

To solidify this substance, it is directed to mix the liquid resin, or juice —improperly called balsam of copaiba—with one sixteenth of its weight of pure magnesia. Now, it is doubtless well known, that it is not all the copaiba of the shops that will solidify; two thirds in fact will not,—from being recent and abounding in volatile oil. That which will solidify readily is of a reddish brown colour, and is less fluid, owing to the loss, by volatilisation, of its oil, and it requires not more than one or two hours to concrete with magnesia; whilst the fresh—which is very fluid and of a pale yellowish hue—sometimes takes several months to form a mass sufficiently hard to make pills that will retain their form. If these pills owe their solidification to the union of magnesia with the resin of copaiba which has lost nearly all its volatile oil, constituting a large, and its active portion, they form a preparation which may reasonably be deemed inactive; and the more so, as—from their insolubility—they pass off by the bowels without alteration. Cases have been mentioned where an emetic had caused the rejection of a quantity of these pills—the whole number taken—in a solid state, and evincing no very sensible action upon them by the fluids of the stomach.

These pills, on their introduction into medical practice, owing to their facility of administration, were thought a pleasant and useful succedaneum for the liquid copaiba, which is so loathsome and disagreeable to the taste, and were esteemed highly efficacious in gonorrhœa, &c., but they have failed to answer these high expectations. Recently, the copaiba pills have been superseded by a new preparation, bearing the name of "Gelatinous Capsules," patented by M. Mothes, of Paris. They are composed of edulcorated gelatine, are of an oval form, and contain from ten to twenty drops each of pure copaiba, without any admixture. They are taken in the dose of one or two, repeated three times a day, simply moistened with water and then swallowed. As they can be introduced into the stomach without odour or taste, they form the most pleasant mode of taking copaiba that has yet been discovered.

In the administration of copaiba in affections of the chest, physicians have been obliged to combat the repugnance manifested towards it by delicate females; for invention has been exhausted, without success, in the endeavour to find out some method of completely disguising its taste, without impairing its medicinal properties. This difficulty is now happily obviated, and the faculty are indebted for this important acquisition to the zeal of the pharmaceutic profession.[1]

ART. IV.—GRADUATES OF NEW YORK.

Two commencements are held annually at the College of Physicians and Surgeons of New York—one in April and the other in October. This will make the total amount of graduates for the year larger than it would appear to be from the following list:—

The spring commencement of the College of Physicians and Surgeons of New York was celebrated on the 4th inst., when the following gentlemen were invested with the honours and privileges of the degree of doctor of medicine, and were addressed by the president of the college, Dr. J. Augustine Smith, on the duties, difficulties and responsibilities of their profession.

Pierre A. Allaire, Acute Hydrocephalus.
Philemon Baker, Early History of Medicine.
Michael Castle, Influence of Dress on Health.
Wm. A. Butler, Hepatitis.
George Adam, Peculiarities of the Fœtus.
J. Delano, Jr., Anthelmintics.
P. E. Elmendorf, Tobacco.
Arthur B. Stout, Cataract.
Erasmus D. Fish, Indigestion.
George Rex, Pertussis.
J. S. Kilbourne, Human Voice.
Jas. B. Nelson, Scarlatina.
Wm. S. Tompkins, Strictures of Urethra.
Robt. Armistead, Dysentery.
Lawrence E. Van Buskirk, Lithotomy.
E. S. Sheffield, Hydrocephalus.
J. W. B. Greenhow, Opium.
Samuel J. Weldon, Anthracite Coal.
J. S. L. Tonelier, Phthisis.
Wm. S. Thompson, Cold.

The ceremonies of the occasion were introduced and closed with prayer by the Rev. Dr. Schroeder.

ART. V.—PUNCTURATION IN THE CURE OF HYDROCELE.

BY T. KING, ESQ.

Lecturer on Anatomy and Surgery at the Blenheim street School of Medicine.

Mr. King has given an account[2] of Mr. Lewis's mode of treating hydrocele, which consists in carrying a common sewing needle (of the size used to sew a button to a shirt) through the skin, dartos and cremaster, into the bag containing the fluid; so that a drop of this follows the instrument as it is withdrawn. It is performed in nearly the same manner as the ordinary method of tapping with a trocar, except that the needle, which should be oiled, cannot be plunged in so easily as that instrument. Mr. King suggests, that the needle should be fixed in a handle, by which means it can be made to enter with comparative facility.

"It sometimes requires to be rotated between the finger and thumb as it is pressed through the different tissues it has to traverse. The same precautions are necessary to ascertain the relative position of the testicle and the fluid; which, omitted, or entrusted to any but a surgeon, would make this operation dangerous, inasmuch as the testicle would be exposed to injury. It is important also that the operator should grasp that part of the tumour formed by the dropsy as much as possible apart from the testicle, so as to be able to give, by pressure, that tenseness to the skin which is necessary for the easy penetration of the instrument. This he should continue to do while he withdraws the needle, to which, in its passage out, he should give some rotary motions on its axis. The removal of the needle will leave one drop of the liquid from the tunica vaginalis on the skin. The appearance of a drop of the fluid at the top of the little wound is the test of the operation being well performed. It is a demonstration that the bag has been perforated, and that its contents can find their way out; and should it not take place, another puncture must be made. Care must be taken to press in the needle perpendicularly, and to rotate it well after it has entered the tunica vaginalis; otherwise the opening will not admit of the passage of the fluid from it.

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[1] We shall take an early opportunity for noticing the mode in which these *capsules gélatineux* are made.—*Ed.*

[2] British Annals of Medicine, No. 1, p. 13

"After the operation, a compress moistened with a discutient lotion, may be kept on the scrotum, and the patient may walk about or take rest, as best may suit him.

"The phenomena which present themselves in a few hours are very remarkable:—The swelling begins to be less circumscribed, and to lose its tenseness, and the cellular tissue of the scrotum becomes gradually more and more infiltrated with the fluid which before distended the tunica vaginalis, and which, in the space of from twenty-four to forty-eight hours, will have entirely changed place. In five or six days this infiltration disappears, and the patient is cured. These effects explain the process by which a cure is obtained.

"This process well deserves attention. It appears that the fluid very gradually oozes from the serous sac into the cellular tissue, making its way from one cell to another, till at last an anasarca of the scrotum is substituted for the circumscribed dropsy of the tunica vaginalis. At the same time that the cellular tissue is filling, the serous sac gradually returns upon itself—an effect of the utmost importance as regards the ultimate result; for it appears that by this gradual contraction it loses more or less completely the condition necessary for the reproduction of the fluid, and yet remains unclosed, so as to exercise its proper functions. Probably the contraction is not wholly active—is not alone the result of the contractility of tissue belonging to the tunica vaginalis combined with the action of the cremaster muscle. We believe the pressure of the fluid may have something to do with it; for be it observed, the liquid, once out of the sac, presses on its exterior, and becomes an obstacle to its future distension. Each drop, as it oozes from the bag, becomes a force which helps to squeeze out that which is to follow: and thus has Mr. Lewis achieved a victory perhaps never before gained, by making the product of a disease battle against the disease itself. Once distributed in the cellular tissue, the fluid is quickly removed by the absorbents.

"We wish now to recommend this operation to the consideration of the profession; first, as regards the treatment of hydrocele, and in comparison with other plans of cure; and, secondly, as regards the effect which the physiological fact it reveals may have on the management of more serious dropsies, and perhaps of some other diseases.

"The striking, the paramount advantage of this plan, if we have judged correctly of its mode of action, is, that it effects a cure by restoring the diseased organ to its natural state. It realises the principle of sound therapeutics—that the first object in the treatment of disease should be, not to obviate its inconvenience by inducing an unnatural, permanent alteration in the affected parts, but to bring them back to their original state. Almost all the other methods of cure act in an opposite manner, and substitute an artificial for the natural state of the diseased organ: in other words, they substitute for the primary disease, another, (minor if you will,) but still a disease. They close up the tunica vaginalis permanently, by gluing its sides together:

they rob an important organ of an important part of its apparatus, by converting its serous investment, destined among other purposes to surround it with an atmosphere of fluid, into a thick, dry, useless, perhaps injurious, artificial membrane. These are not imaginary evils. Without appealing to experience, which tells us they are not, we think no one will maintain that the serous bag is not useful, almost necessary to the preservation of the testicle in a state of integrity; and, if thus indispensable, to close it must be an evil of rather a serious nature. In every other respect this plan is superior to the others. It is perfectly free from pain and danger, and nothing can equal its simplicity. Compared with it, the methods of treatment by incision, by excision, by seton, or by any mode of provoking adhesion between the sides of the tunica vaginalis, from irritating them with a solid body, will not bear mention. The plan of cure by injection, although far less objectionable than these, is still inferior to that of Mr. Lewis. As we have stated, its principle is bad, inasmuch as it induces permanently an artificial state in an important organ. It leaves the testicle deprived of its natural atmosphere. The inflammation it produces cannot be regulated with certainty, and sometimes becomes dangerously intense or extensive, or excites sympathetically serious disorder in important organs. This objection must have great weight, when it is considered that the testicle itself is often influenced by the state of the tunica vaginalis; and, when sound previously, is often left chronically enlarged after the injection. It is not always successful. It subjects the patient to some pain, and requires that he should be confined for many days or several weeks.

"The only objection we have heard against the method of puncturing with a needle, is, that it may not be efficacious. To this Mr. Lewis answers, that he has found it uniformly successful. We will, however, admit that it may fail in some instances. If so, its failure will probably be limited to those cases in which the tumour is very large, and the tunica vaginalis excessively distended. Here it is not unreasonable to expect that the sac will not contract sufficiently at once to prevent a fresh effusion. But the objection is at once obviated by the fact, that the operation can be repeated as often as may be necessary, without the slightest inconvenience, and that each time the bag will contract more and more; and if less and less fluid be allowed to accumulate before each fresh puncture is made, the disorder will probably be less likely to return than in some cases less formidable, cured by one operation.

"I am disposed to believe, with Mr. Lewis, that his method will effect a radical cure of hydrocele, not only from pathological considerations, and the success he has already obtained, but also from its result in a case I myself lately operated on, and in which he kindly gave me his assistance.

"If, however, contrary to our expectation and belief, further experience should prove it to be inefficient in producing the *radical* cure, as a *palliative* measure it would still be invaluable.

"The other part of the subject—whether or not this operation, with or without modification, may be applied successfully to the treatment of other cases than hydrocele—we shall probably discuss at some future time. We wish, however, to be allowed to express our opinion, that, as far as we are able to judge, it may be fairly tried in other dropsies."

Since the above was in type, we have observed in a late number of the "London Medical Gazette,"[1] a statement from Mr. Travers, claiming priority over Mr. Lewis; to which the latter gentleman replies in a subsequent number, affirming that he "can bring forward evidence, at any time, that the operation had been performed two years before Mr. Travers conceived it, as he terms it."[2]

In the same number is a letter from Mr. Robt. Keate,[3] who states that it was performed twenty years ago by a friend of his, who practised for some years in the city. This gentleman performed the operation on himself, as he was nervous about the injection, and fancied, as he said, that if he could convert ascites into anasarca, absorption from the cellular structure might cure the malady; and in his own case it was perfectly successful. At his suggestion Mr. Keate "tried it frequently, both at the hospital and in private practice; sometimes successfully, but more frequently the collection of fluid in the sac returned, and he frequently found the patients impatient of the numerous punctures, and of the time required for the absorption." Mr. Keate adds, that he remembers to have talked to Sir Astley Cooper on the subject, and, as far as his recollection serves him, the plan did not appear to be new to Sir Astley.

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[1] Feb. 11, 1837, p. 737. [2] Feb. 18, 1837, p. 788. [3] Ibid, p. 789.

We doubt not that all these gentlemen are entitled to the merit of originality; that they all, in other words, hit upon the same idea.

Mr. Lewis first introduced the method as a palliative cure, but he has seen cases where a radical cure was effected by the simple operation of puncturation. The method of puncturation, he says, for the radical cure of hydrocele differs in some respects from the palliative; and as soon as he has satisfied his mind on the subject, he promises to publish the results.

Art. VI.—RATIO OF FOOT PRESENTATIONS.

In the article "Foot Presentations" (Fussgeburt), of the "Encyclopädisches Wörterbuch der medicinischen Wissenschaften," lately received from Bremen,—by Professor Ulsamer, of Landshut, we have the following table of the ratio of foot presentations occurring in different lying-in establishments. The last column, which shows the proportion in 10,000, we have added.

Institution.	Director.	Time.		Number of births.	No. of foot presentations.	Ratio in 10,000 cases.
Bamberg	Schilling	from 1818	to 1820	309	7	226
Berlin	Von Siebold	1817	1828	1811	16	88
Dresden	Carus	1825	1828	1019	30	284
Giessen	Ritgen.	1814	1818	285	4	140
Landshut	Ulsamer	1830	1833	361	5	138
Marburg	Busch	1821	1826	688	1	14
München	Berger and Weissbrod	1814	1826	4996	32	64
Paris	Baudelocque			16286	215	132
	Lachapelle	1802	1820	37895	538	142
Prague				10053	66	6½
Strassburg	Lobstein	1804	1814	697	10	143
Vienna	Boer	1807	1822	20299	162	80
Würzburg	d'Outrepont	1818 1825	1822 1828	1299	23	180
				95998	1109	115

We may add that Merriman met with 23 cases in 1800, that is in the ratio of 127 in 10,000; Bland 18 cases in 1897, that is 95 in 10,000;[1] and Collins,[2] 137 in 16,434, or 83 in 10,000.

It is singular, that a physical phenomenon like this should differ so much as regards the frequency of its occurrence in different places.

Art. VII.—INFLUENCE OF PREGNANCY ON TUBERCULAR DEVELOPMENT.

BY S. A. COOK, M.D.

Mr. Adam Waldie. Buskirk's Bridge, N. Y., 25th April, 1837.

Sir,—If Prof. Dunglison should think the following observations worthy of a place in the "Medical Intelligencer," they are at your service.

With respect,
S. A. Cook, M. D.

The influence which a state of pregnancy exercises on the tubercular habit, has not, as far as I am acquainted, received much of the attention of writers. With the majority of the profession an opinion prevails, that it is favourable to health where a predisposition exists; and retards its progress where the disease is already formed. On this subject M. Louis (Path. Res. on Phthisis, Par. 362) makes the following remarks: "We have not been able to decide whether pregnancy is capable of retarding the progress of phthisis; it is indeed evident that numerous facts are required, and several years of observation in a lying-in hospital, before we can have any positive information on the subject. We may however observe, that perhaps there has been some error and confusion among those who have hitherto admitted such an influence. It is indeed possible that many of the symptoms of phthisis were less prominent during pregnancy, while the progress of the disease was really unaffected. On the other hand it is not impossible that, after labour, the progress of phthisis should be accelerated; and this may, to a certain extent, have given rise to the impression. Is it probable that pregnancy, itself a cause of dyspnœa, should procrastinate the duration of phthisis, in which dyspnœa is always a more or less troublesome symptom, whenever the patient uses any exertion." Although M. Louis, in the above extract, questions the truth of the generally received opinion, and very properly leaves it for the decision of future and more extensive observation, with the hope of calling the attention of the profession to this interesting subject, I will present the history of a few cases illustrating this point, that have fallen under my consideration.

Case 1. July 18th, 1832.—Called to visit Mrs. Sarah Wheeler, as advice to Dr. J. W. Richards. Found her labouring under the ordinary symptoms of phthisis pulmonalis, viz. cough, muco-purulent expectoration, emaciation, night sweats, and hectic fever; which symptoms I learned had commenced several weeks previous to an unnatural termination of utero-gestation; was informed that she had been *enceinte* eight times during the last nine years; that several of these pregnancies had terminated by abortion; and that no one of her children, born at or near the full period, had lived more than three weeks. From this train of symptoms she gradually recovered, and enjoyed a succeeding winter of tolerable health. April 7, 1833.—Again called to see Mrs. Wheeler. She has darting pains through the chest, a slight hacking cough with expectoration in the morning. Skin dry; bowels costive; is *enceinte;* advanced to the commencement of the fourth month. From this time the common symptoms of phthisis appeared in succession; and, emaciated to a skeleton, she died the latter part of the succeeding September, two weeks after giving birth to a living child.

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[1] *Velpeau*, in Traité élémentaire de l'art des Accouchemens. Paris, 1829. p. 513. Or the translation by Dr. Meigs. Philadelphia, 1831.

[2] A Practical Treatise on Midwifery, &c. London, 1835.

Case 2. Mrs. Mary Ann Smith, sister to the preceding subject, aborted during the sixth month of pregnancy, April 5, 1832; was delivered at the full period, July 10, 1833; and again July 14, 1834. During these three pregnancies, she suffered from acute pain in the left side of the chest; hard and dry cough; frequent pulse; bloated and pallid countenance; obtaining but little relief from any treatment; bleeding affording the most, and that being only temporary. During the interval between the first and second, and second and third of these pregnancies, her health improved considerably; but, after the termination of the third, (the first time she had nursed,) her symptoms remained stationary until the next spring, when I lost sight of her; the family moving to the western part of the state.

Case 3.--Mrs. Katharine Morris, of a phthisical family. Saw her first, Dec. 24, 1834, as advice to her attending physician, Dr. P. V. N. Morris. Is *enceinte* the fifth time; has the following symptoms: cough severe and with little intermission; expectoration profuse in the morning, and free through the day; a regular paroxysm of hectic twice daily; sweats profuse; emaciation has been rapid; respiration hurried, and difficult on first lying down; pulse from 120 to 130 per minute, during the fever,—rarely less than a hundred at any time; tenderness below the left clavicle, confined to circumscribed spots. Diagnosis at the time, taken from notes. "Our opinion is, that the case is acute phthisis, and will probably soon prove fatal." Jan. 9, 1834. Premature labour came on to-day; supposes herself at about the commencement of the seventh month. From this time her phthisical symptoms gradually declined; and, the succeeding summer, she was so far restored as to walk about the neighbourhood as usual. She has removed from this vicinity, but I am told that her health is tolerable. The baleful influence of pregnancy in this case is demonstrated as perfectly as a single case can demonstrate it, by the favourable change that immediately followed its termination. It suggested the plan adopted in the treatment of the next case.

Case 4.—As this is a case of considerable interest, I shall transfer from my note-book the symptoms and reflections formed at the time, nearly entire. "March 23, 1835. Called to visit Mrs. Freelove Chase, as advice to Dr. Morris. She is *enceinte*, near the completion of the eighth month; has suffered much from nausea during the whole period; and during the last two months has vomited nearly all the nourishment taken. In addition, she has night sweats; diarrhœa; fever; cough, and expectoration of greenish muco-purulent matter; pulse ranges from 80 to 90 the minute; voice entirely lost, being able to articulate only in a whisper. Till within a week past could walk about the room; but is now confined to her bed and chair. Very tender spots below both clavicles; considerable difficulty of respiration, increased on first lying down; is becoming emaciated and losing strength rapidly. Mrs. Chase is thirty years of age; has been married eleven years. This is her seventh pregnancy. She is a sister of the subjects of cases one and two. There is evidently a family predisposition to phthisis; her mother and one other of her sisters have fallen victims to it. She has enjoyed good health to this time, never having had a cough before. I am convinced that pregnancy acts directly or indirectly as the exciting cause of her pulmonary difficulty. 1. Analogy from the cases of her two sisters and Mrs. Morris. 2. In her two sisters, the cough existed during several successive pregnancies, and disappeared soon after their termination, as it did also in Mrs. Morris's case. 3. No one, I think, will doubt that the nausea and vomiting originate in this state; and an evidence of their common origin is found in the fact of their increasing and lessening together. What then is the indication? I believe the only chance to be in the termination of utero-gestation. If the disease have progressed to the production of structural change; if tubercles which are probably formed are softening; if ulceration have taken place in the mucous membrane lining the trachea, larynx, &c.,—all of which there are reasons to fear,—there will be nothing to hope in the way of cure, yet even then a temporary relief may be obtained. The nausea and vomiting will be removed, and the path to death smoothed by the absence of those more distressing symptoms, which are now rendering even that goal desirable. But if these changes have not taken place, and she be yet within the pale of possible cure; does not the speedy termination of this state offer the most rational prospect? I am induced to believe that it does. But allowing that the lungs were not diseased, and that the emaciation, &c. were caused by the constant vomiting; that alone would justify the induction of premature labour. On the contrary, what will be the consequence of delay? Nature will terminate this state unassisted in a month or a little more. Yet if our views be correct what will be gained? The patient, by that time, if not at present, will be beyond the reach of art. The disease is constantly advancing, while the recuperative powers of the system are wasting. The child's chance for life will not be materially lessened by the operation. I therefore advise the immediate induction of premature labour." Dr. Morris, concurring in opinion, ruptured the membranes on the morning of the 25th, and she gave birth to a living male child, twenty-two hours after the operation. It is unnecessary to follow this case farther in detail. As soon as the first effects of labour were passed, she recruited so much as to flatter her friends and herself with the hope of recovery. Nausea and vomiting disappeared; cough, expectoration, sweats, &c., lessened; her voice improved; and, at the end of a month, her prospects were flattering. But the disease had obtained too firm a footing; from this time she gradually declined, and died about eight weeks after delivery.

Case 5.—Diadama Smith, aged eighteen years, of a slight delicate form, light thin skin, flaxen hair, and blue eyes, is *enceinte* the third time, and supposes herself near the middle of the fifth month. Thinks that she felt motion a day or two since. Oct. 22, 1835. She has had for a week past a sense of fulness about the chest, attended with cough, restlessness, and flushed cheeks, increased during the forenoon; and this morning, while the daily paroxysm was in the ascendant, she was attacked with profuse hæmoptysis. Has lost, I should think, a quart of blood. While examining her case, the blood starts from her mouth and nostrils in full stream, attended with a convulsive effort of the diaphragm; an effort as if to cough and vomit at the same time. Pulse frequent, small and hard. 12 o'clock, m. Bleeding, and nauseating doses of tartarised antimony have checked the hemorrhage. Jan. 23d, 1836. She has had another slight attack of hæmoptysis this morning; bleeding has checked it. Feb. 7. Had an attack again this morning. Has had several slight ones since I last saw her. Has a dry cough; pale countenance; frequent and feeble pulse. Hæmoptysis had ceased before my arrival. Prescribed saccharum saturni and opium, *pro re natâ*. Feb. 20th. Since the 7th inst. she has had slight attacks almost every morning. The saccharum saturni produced great irritability of the stomach. I have been obliged to resort again to the lancet, and have bled her on three successive mornings on the accession of the paroxysm. She has escaped yesterday and this morning. Cough still dry; expects to be confined in about four weeks. Dr. Morris called for advice. We have concluded, if the hemorrhage returns, to induce premature labour. March 7th. Confined this evening, giving birth to a healthy male child. Had a slight hæmoptysis during labour, the first since the 18th ult.; labour not severe. 8th. Says that her lungs feel more natural than they have since the first attack. 11th, 10 o'clock P. M. My patient died about an hour since. Am informed that she was taken with acute pain in her side, attended with urgent dyspnœa, this morning, which increased until death. Did not see her while alive. Could not obtain an examination.

Case 6.—May 25, 1836. Mrs. Cotton, aged twenty-eight years; confined to day of her third child. Her eldest aged three years and one month. Informs me, that she had a severe cough during the last six weeks of her first pregnancy, and that it left her at the time of her confinement. About a month since, I bled her, when she stated she had had a violent cough; expectorated a tough viscid mucus, attended with regular daily fever, chills, and sweats, during the two previous months. She however refused to place herself under professional direction; assigning as a reason, that her symptoms depended on her situation and would probably leave her at its termination. Since that time, her symptoms have continued to increase. She is very much emaciated, and has all the appearance of confirmed phthisis, and is of a phthisical family. Such was Mrs. Cotton's case at the time of confinement. Her system showed but little disposition to react. The disease pursued a downward course without regard to remedies, and she died about two months after delivery.

The above cases suggest the following remarks: 1. They were, with one exception, of phthisical families, and inherited a strong predisposition to the disease;—"a state which," Clark says, "requires very strong exciting causes to determine the deposition of tubercular matter in some organ." 2. In all these cases the different pregnancies followed each other in rapid succession, allowing the system but little time to recover from the exhaustion consequent on the increased exertions of gestation and labour. 3. In three of them, the commencing symptoms of the disease exhibited themselves in several successive pregnancies, and declined during the interval; and in case third, where all the symptoms of fully formed disease were present, and the patient, as far as we can judge from the evidence presented, on the verge of structural change in the lungs, was restored by a spontaneous, though unnatural termination of the state. 4. They generally exhibited an attempt of the system at restoration immediately after confinement; a circumstance of vast importance in deciding upon the artificial termination of the state. As to the treatment of cases of this description, it is based entirely on the decision of the question,—how far pregnancy acts as the exciting cause in each individual case. The experience of all ages, the axioms of all medical science, place the only hope of permanent cure in phthisis, in the early removal of the exciting cause. Every other remedy is but palliative or expectant, and as such unworthy of confidence, where life is the hazard. A belief of this statement induced me to propose the plan adopted in the treatment of case four; and the histories of cases one, two, three, originated that belief. The unsuccessful termination of that case, instead of lessening my confidence, only caused regret that the plan had not been earlier adopted; for had not structural changes taken place at the time premature labour was induced, the effort of the system, so plainly manifested, to bring about a healthy action, might have been successful. And though it may be difficult at all times to determine whether the patient has passed the boundary of possible cure, it will be a safe rule to afford her the best possible chance for life. Rashness, however, is here as every where else to be condemned, and it would be useless and improper to interfere with the progress of a case, where the symptoms afford unequivocal evidence of tubercular softening and ulceration. But it may be objected that the prospect afforded to the mother is an abatement of the child's chance for life; in some cases it will be, in others it will not. The child has undoubted claims to our consideration, but they are not such as can be placed in competition with those of the mother; reason and every feeling of humanity forbid it. The mother's rights are here omnipotent, and no consideration with regard to the unborn child should induce us to jeopard her life.

In the above remarks, my intention has not been to write an essay on the subject under consideration, or to attempt the establishment of any principles with regard to the influence which pregnancy exercises on the phthisical habit, or to lay down the proper treatment of cases similar to those detailed; indeed the facts presented are not sufficiently numerous to warrant either. My intention is to call the minds of the members of the profession, in different parts of the country, to a more strict observation of cases which I believe they are frequently required to witness, but which are suffered to pass unnoticed, from not considering the connection between the state of the system and the disease under which it is labouring; too often viewing as coincidences what are in reality in the relation of cause and effect.

ART. VIII.—ABSORPTION OF A CATARACT IN CONSEQUENCE OF ACUTE OPHTHALMIA.

BY DR. DAVID LUZZATTO.[1]

The following history is not unique. It adds another to the meagre list of cases in which obscurity of the lens has disappeared spontaneously. Professor Brera refers to a similar case as having occurred to Professor Torresini, of Padua.

"Antonio Bottaglarini, at the age of forty-two, observed an imperfection of vision in his right eye, which gradually increased, and was pronounced to be cataract by the most skilful oculists of Padua and Venice. In 1821, they endeavoured to persuade him to submit to an operation, but as he enjoyed the use of his left eye he firmly refused. In 1829, he was attacked with violent ophthalmia in the affected eye, which was treated by Dr. Luzzato by antiphlogistics; and to add to the activity of the absorbents he had frictions made on the eyebrows with an ointment composed of calomel and morphine; and a solution of the extract of belladonna was dropped from time to time on the eye.

" At the end of a month the patient was not only freed from his inflammation, but the opacity of the lens had also disappeared; so that at the age of seventy he had recovered all his visual powers."

ART. IX.—STRICTURE OF THE URETHRA TREATED BY BOUGIES COVERED WITH ALUM.

BY M. JOBERT, SURGEON TO THE HOSPITAL SAINT LOUIS, PARIS.

It is well known that many morbid growths are possessed of a more feeble vitality than the sound parts around them, and that they yield sooner to destructive agents; that this is the case with warts is familiar to every one. In stricture of the urethra, Mr. Whately's method of applying caustic potassa, by means of a small hole made at the extremity of a bougie, was considered by many to be replete with objections, and mainly because it was conceived that the potassa would melt and come in contact with other besides the diseased parts, and produce violent inflammation with all its evil consequences. Experience, however, did not altogether confirm this theoretical view; and it would seem, both from that instance and from the practice of M. Jobert, that the lining membrane of the urethra resists such irritating influences to an extent that could scarcely be imagined.

We take one of the two cases reported from the practice of M. Jobert, at the Hospital Saint Louis, to show his method of management.[2]

"Joseph Augustin Gaery, aged thirty-seven years, contracted blennorrhagia, in 1821, and again in 1830. The first time, the disease continued three or four months, and was accompanied by swelled testicle. It was cured without injection; leaving no trace of its existence. He continued to pass his urine well, until in 1830, when he contracted the second gonorrhœa. This was accompanied by a discharge of blood, followed immediately by difficulty in passing the urine, which gradually increased until he could only evacuate it drop by drop.

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[1] Antologia Medica di V. L. Brera. Febrajo, 1834, p. 190; and Dizionario Classico di Medicina. Tom. XIII, p. 123. Venezia, 1833.

[2] La Lancette Française, Mai 1836.

"M. Jobert introduced bougies for the first time, in 1830, by which the canal was dilated a little, and for five or six months he was relieved; at this time the affection recurred several times, and relief was obtained in the same manner.

"About the 15th of December, 1835, the difficulty of passing the urine augmented so that the patient was unable to introduce the bougie, which he had done himself for about three years. One of the surgeons of the capital, who had attended most successfully to diseases of the urinary organs, tried to pass bougies and sounds into the bladder, but ineffectually, and ultimately proposed the operation of cutting down upon the stricture (*La Boutonnière*), which was not performed.

"On the 27th of February, 1836, he entered the Hôpital Saint Louis. The stricture appeared to be in the farthest portion of the bulb. The urine was passed *guttatim.* Several attempts were made to pass bougies into the stricture, but unsuccessfully.

"On the 23d of April, M. Jobert thought of employing calcined alum to attack the stricture. He smeared a bougie with oil, and plunged it into calcined alum. He then introduced the bougie into the urethra. This first essay had no marked effect. The patient felt no pain or smarting; but as the presence of the bougie caused fever, it was withdrawn at the end of six hours. This, by the way, had followed the introduction of the bougies from the time of his entrance into the hospital. On the 24th of March, and the following days, the use of the alum was continued; mixed with oil, he formed a paste, small portions of which were introduced into the urethra by means of the bougie, which was, moreover, covered with it; and each day it was remarked the bougie passed a little further, and the patient passed his urine with more ease.

"On the 27th the patient had fever, caused by the presence of the bougie, which he kept in until 7 o'clock in the evening. During the night the urine flowed, for the first time, in a jet of the size of a goose's quill; and in the morning of the 28th the bougie passed into the bladder."

After detailing a similar case, the operator adds:—

"Our intention in publishing these facts has not been to deduce general laws from them, but merely to deposit them in the annals of the science. We shall content ourselves this time with the narration of the results without entering into greater detail. Should they be followed by all the success of which they permit the hope, surgery will be indebted to M. Jobert for a new conquest, which will admit of the substitution of a prompt and innocent [?] means in the treatment of stricture of the urethra, for agencies that are not without their inconvenience. It will be necessary, however, to study carefully the action of the alum on the canal of the urethra, and to examine in what kind of stricture it is most useful."

ART. X.—SUCCESSFUL CÆSAREAN OPERATION.

This operation has lately been performed with happy results, by Mr. J. B. Knowles, of the Birmingham School of Medicine.[1]

On examining the female, *per vaginam*, a most extraordinary state of deformity presented itself; the sacrum with the lower lumbar vertebræ projecting, and at the same time descending so far into the cavity of the pelvis as to occupy a large portion of its space. This projecting body was also rounded in shape in a most remarkable manner; so that without a somewhat careful examination, it might easily have been mistaken for the child's head. Upon passing the finger, however, between it and the hollow of the sacrum, a perfect continuity of surface might be traced from one to the other; thus showing at once the actual nature of the case. The capacity of the pelvis was still further diminished by the ossa pubis, which were bent inwards to such a degree as to approach very nearly to the distorted vertebræ.

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[1] The Transactions of the Provincial Medical and Surgical Association. Vol. iv. p. 376. London, 1836.

Under this state of deformity, it was determined that the cæsarean operation should be performed; which was done about thirty hours after the commencement of labour. "The external incision, which was made through the linea alba, passed immediately on the left of the umbilicus, and was about ten inches in length. A portion of intestine immediately protruded, which was carefully kept back by an assistant. The incision into the uterus was commenced near its fundus, by passing the scalpel carefully through its parietes, (which were about an inch in thickness,) so as to allow the admission of two fingers. Using my fingers as a director, I rapidly enlarged the opening, by which the placenta was exposed, accompanied by a brisk hemorrhage. Passing my hand by the side of the placenta, I ruptured the membranes; and, without difficulty, took out the child, which was living. The placenta was then detached; some coagula were removed; the uterus contracted; and the hemorrhage (which probably did not exceed sixteen ounces,) was immediately arrested. The external integuments were brought together by stitches, which were inserted at somewhat more than an inch apart; adhesive straps were applied in the intervals, and the whole was secured by a compress and bandage."

The patient was for some time troubled by a tympanitic condition of the bowels, which was relieved by injections; and by pain, which was allayed by opiates; for some time there was no disposition to cicatrisation, owing partly to the difficulty of keeping the lips of the wound in apposition, arising from the abdominal distension; the child was often put to the breast to induce contraction of the uterus; a serous discharge escaped from the cavity of the abdomen; but on the tenth day from the operation it ceased, and was succeeded by a discharge of a decidedly purulent character; the wound gradually filled up with granulations, and in about a month was perfectly healed.

Art. XI.—ANNAN'S METHOD OF TREATING PROLAPSUS UTERI.

We are glad to observe, by the following article from a recent French periodical,[1] that the method proposed by Dr. Annan, of Baltimore, for relieving persons affected with prolapsus uteri,[2] is attracting attention on the other side of the Atlantic, where it can be extensively subjected to the test of experiment.

"Until recent times prolapsus uteri was never treated in our hospitals or in private, except by palliative means. Pessaries, of different shapes and kinds, were the most energetic agents which the surgeon used against this infirmity. Experience having, however, exhibited serious inconvenience from their use, they have been abandoned by many observing practitioners, who have contented themselves with prescribing, in their stead, long continued confinement to the horizontal posture, and the use of the cold bath in summer.

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[1] La Lancette Française. November, 1836.

[2] The American Journal of the Medical Sciences, for August, 1836. p. 334.

"Every pessary, in fact, whatever may be its value in other respects, must enlarge the vagina; and the discharge which it occasions relaxes so much the tissues of the canal, that the womb no longer finds support in the pelvis. The chief support of the uterus is the vagina, which, in its healthy condition, performs the office of a hollow column on which the uterus rests; and the vagina itself is strengthened by the resistance of the perineal floor, which it traverses. When, consequently, all these parts are relaxed, (and they are so in the descent in question,) the use of the pessary can only act in the same way as the cause of the infirmity.

"By prescribing rest on the bed, and applications appropriate to the varying condition of the parts, M. Lisfranc, and other practitioners, have succeeded in ameliorating the condition of the female, by inducing tonicity in the perineal paries and in the vulvo-uterine canal. In certain hospitals, however, and in consultations at the *Bureau Central*, the routine use of pessaries has not been abandoned.

"Such was the practice pursued in the hospitals until recently, when the idea of diminishing, and even of obliterating, artificially, the vagina, suggested itself. This suggestion hit exactly on the indication which we have just described. Although, however, some success was obtained abroad by the method in question, the trials made in the Parisian hospitals were far from being encouraging. Some at first hastened to proclaim cures as real, which afterwards appeared to be ephemeral. Communications were sent to the 'Académie,' and notices and articles to the journals; a few months were, however, enough to assign to the plan its just value. At the present day it is no longer spoken of, except as we speak of the total removal of the uterus. We may cite a single fact; the subject of which is still under the eyes of some *eléves.*

"In No. 1, of the ward Saint Jean, in the Hôtel-Dieu, lies Angelica Dantos, aged fifty years, labouring under complete procidentia of the uterus, and inversion of the vagina. These two organs form a tumour between the thighs of the size of the head of a child at the full period; ulcerated in several parts, and continually moistened by a fetid discharge. She has been for several months in the hospital. In the course of the month of August last, M. Roux, after having reduced the protrusion, closed the vulva by suture; the operation was very painful, and unhappily of no advantage; for union did not take place, and the organs were displaced as before. The same thing happened in the case of another female, who was operated on very recently in Paris by M. Fricke, and of which an account has been given in the pages of this journal.

"The want of success from the operation, or rather the difficulty of uniting the tissues of the vulva, appears to be owing to circumstances connected with their organisation which it is useless to develope here. A foreign physician has pursued another plan, by artificially contracting the vagina, and, it appears, with success. M. Bellini, surgeon at Ferrara, inserted in one side of the inverted vagina a succession of stitches, describing a sort of inverted U, and of the shape of a groove. By drawing together the ends of this groove, he gradually strangulated the corresponding portions of the mucous and proper membrane of the vagina; the mortification and falling off of this portion of the canal occasioned contraction of the vagina, and consequently the cure of the prolapsus. Facts, however, are yet wanting to judge correctly of this plan; and especially to appreciate the symptoms that may be induced by such a procedure.

"From all this, the majority of practitioners would probably be disposed to recur to the use of pessaries. We repeat, that these instruments, whatever may be their shape and composition, contribute to dilate and relax the vagina, and therefore to augment the prolapsus. Their use, moreover, excites profuse leucorrhœa, which debilitates the female, and they ulcerate the tissues with which they are placed in connection, &c.

"The invention of Dr. Annan, of America, arrives seasonably amongst us. He treats the infirmity by permanent compression of the perineal floor, and the posterior commissure of the vulva; and, in the long run, a radical cure has been effected. He employs an instrument similar to a hernial bandage. It is composed of a circular spring, which embraces the pelvis like the truss; anteriorly towards the pelvis, it has a curved descending spring, at the extremity of which there is a pad, which is applied to the perineum. This spring should be curved considerably in order that it may not come in contact with, and rub the vulva. The pad ought to be well stuffed and somewhat thick. It makes the desired compression by means of a screw attached to it.

"The apparatus is only used like the hernial bandage,—that is, during the day.

"From the observations of Dr. Annan, this compression prevents the uterus from again descending, in consequence of the support it affords to the vagina and the perineal paries. The parts ultimately become strengthened, and the vagina contracts, especially if appropriate lotions be used at the same time. In favour of this new method there are as yet but few facts, but those have been fortunate, and are encouraging. The principles upon which it is based appear so rational, simple, and withal so innocent, that we consider it a duty to advise our professional brethren to try it, and to publish the results."

ART. XII—ON BLENNORRHAGIC ORCHITIS, (HERNIA HUMERALIS).

In a recent French journal,[1] a note from M. Rochoux is published, which was read to the Académie de Médecine. The note was suggested by a fact communicated to the Academy by M. Ricord. This fact was the sixth, to the knowledge of M. Rochoux, in which inspection after death confirmed an opinion expressed by him in a journal in 1833,[2] that *blennorrhagic orchitis* is not caused by the tumefaction of the testicle, as generally believed, but by an effusion into the tunica vaginalis,—itself a consequence of inflammation of that membrane.

M. Rochoux is of opinion that this view originated with him; and he says in his letter, that M. Marc Moreau has embraced it, and that MM. Velpeau, Bérard and Forget adopted it, but with considerable restrictions.

M. Velpeau, who was present at the meeting, stated that it is true the testicle is less swelled in the disease than was believed; and that there is an effusion into the interior of the tunica vaginalis; but it is slight, and does not constitute the disease. "I have endeavoured," he said, "to verify the theory of M. Rochoux as to its nature, and I can affirm, that of forty or fifty cases that have recently passed under my observation, in half, at least, the effusion of serum did not constitute a quarter of the size of the tumour; on the contrary the testicle formed more than half of it. The mode in which I satisfied myself of the fact was as follows: The tumefaction, it is well known, takes place very rapidly. It is an affair of four or five days. If the testicle be then raised, the weight is found to be greater than it ought to be if the tumour were nothing more than a collection of serous fluid. In the second place, the eye discovers no transparency; and if the epydidymis be examined behind, the touch discovers that that organ has much to do with the bulk of the tumour."

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[1] Journal Hebdomadaire, &c. November, 1836.
[2] Archiv. Général. de Médec. Mai, 1833. p. 51 et seq.

To this M. Rochoux replied, that a principal proof in favour of his view was inspection after death; that he had proved on six bodies, that the orchitis was formed almost exclusively by the effusion of a sero-purulent fluid between the two layers of the tunica vaginalis. To this he thought there could be no reply. As to the absence of transparency, he remarked, that inflamed membranes did not readily admit the passage of luminous rays; and lastly, a little practice enabled fluctuation to be felt distinctly.

M. Blandin thought the condition of the organs was different according to the time at which they were examined. At the commencement, the inflammation descends from the urethra by the vasa deferentia to the epididymis and testicle. There exist, in fact, two tumours,—the upper formed by the epididymis; the lower by the testicle. So that, at first, the epididymis and testicle form the greatest part of the tumour; but in the progress of the disease, and as resolution approaches, the effusion into the tunica vaginalis may be the principal element.

ART. XIII.—EXPERIMENTS ON THE WEIGHT, HEIGHT, AND STRENGTH OF ABOVE EIGHT HUNDRED INDIVIDUALS.

BY JAMES D. FORBES, ESQ.[1]

Professor of Natural Philosophy in the University of Edinburgh.

The experiments of M. Quetelet,[2] of Brussels, suggested to Professor Forbes to obtain the measure of physical development as to the weight, height, and strength of natives of Scotland, between the ages of fourteen and twenty-five—students in the university.

For the measure of strength, Regnier's Dynamometer was used.

Both the experiments of Professor Forbes, and those of Quetelet,—on whose authority the column of "Belgians" in the following tables is given—were made upon persons in the better ranks of life,—in both cases upon persons having the benefit of academical instruction.

The number of persons examined by Professor Forbes in the two winters of 1834–5 and 1835–6 was thus divided: Scotsmen, 523; Englishmen, 178; Irishmen, 72; from the colonies, &c., 56;—total, 829. And he was careful to obtain a fair average of persons of all degrees of height and strength.

Weights in pounds (including clothes).

Age.	English.	Scots.	Irish.	Belgians.
15	114.5	112	—	102
16	127	125.5	129	117.5
17	133.5	133.5	136	127
18	138	139	141.5	134
19	141	143	145.5	139.5
20	144	146.5	148	143
21	146	148.5	151	145.5
22	147.5	150	153	147
23	149	151	154	148.5
24	150	152	155	149.5
25	151	152.5	155	150

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[1] The London and Edinburgh Philosophical Magazine, for March, 1837; p. 197.

[2] Sur l'Homme et le developpement de ses Facultés; ou Essai de Physique Sociale. Paris, 1835.

Height in inches. Full dimensions (with shoes.)

Age.	English.	Scots.	Irish.	Belgians.
15	64.4	64.7	—	61.8
16	66.5	66.8	—	64.2
17	67.5	67.9	—	66.1
18	68.1	68.5	68.7	67.2
19	68.5	68.9	69.4	67.7
20	68.7	69.1	69.8	67.9
21	68.8	69.2	70.0	68.0
22	68.9	69.2	70.1	68.1
23	68.9	69.3	70.2	68.2
24	68.9	69.3	70.2	68.2
25	68.9	69.3	70.2	68.3

Strength in pounds.

Age.	English.	Scots.	Irish.	Belgians.
15	—	280	—	204
16	336	314	—	236
17	352	340	369	260
18	364	360	389	280
19	378	378	404	296
20	385	392	416	310
21	392	402	423	322
22	397	410	427	330
23	401	417	430	335
24	402	421	431	337
25	403	423	432	339

BIBLIOGRAPHICAL NOTICES.

Fletcher's Physiology.[1]

The author of these "Rudiments," who has been prematurely lost to science, was an eminent lecturer on physiology and medical jurisprudence in Edinburgh. In the first part we have a section "on the unity of organic structure of animals," which conveys the leading ideas of the philosophical or transcendental anatomists in a concise yet perspicuous manner. This part is elucidated by numerous outline engravings.

The subjects comprised in the parts before us are as follows: Part I. contains, besides an introduction, four chapters; 1, on the form and classification of organised beings; 2, on the aggregation of organised beings; 3, on the substance of organised beings; and 4, on the composition of organised beings. Part II. *a*, contains, besides an introduction, five chapters; 1, on the functions of organised beings and their arrangement; 2, on the nature of life; 3, on irritability or vitality, regarded as a property of the organised solids; 4, on the immediate seat of irritability; and 5, on the direct stimuli to irritability. Part II. *b*, is a continuation of the last; chap. 6, on the indirect stimuli to irritability; 7, on the efficient cause of muscular motion; and 8, on the various modifications of irritation. Part III. would appear as soon as possible.

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[1] Rudiments of Physiology, in three parts. Part I. On Organism. Part II. On Life as manifestated in Irritation. Part III. On Life as manifested in Sensation and in Thought. By John Fletcher, M.D., F.R.C.S.E. Lecturer on Physiology and on Medical Jurisprudence. 8vo. Part I. pp. 155. Part II. *a*, pp. 130. Part II. *b*, pp. 146. Edinburgh, 1835—6.

The author gives ample evidence of his having been a man of extensive knowledge, and great reflection.

Sewall's Lectures on Phrenology.[1]

Two valuable lectures on a topic which, although much has been made on both sides, has by no means lost its interest with the profession or the public, whilst it is often used as a means for gulling the latter. No one who reads Dr. Sewall's book, will, we think, be disposed to place much faith in the dicta of the itinerant craniologist. It is conceived in the true spirit, and conveyed in the language of science. The *first* lecture consists of an exposition of the history and nature of phrenology; the *second* examines the positions on which it reposes. Dr. Sewall enquires: I. How far phrenology is sustained by the structure and organisation of the brain. II. How far facts justify the opinion that there is an established relation between the volume of the brain and the powers of the mind. III. How far it is possible to ascertain the volume of the brain in the living subject by measurement or observation. IV. How far it is possible to ascertain the relative degrees of development of the different parts of the brain by the examination of the living head. V. He notices a few facts which have been used in support of phrenology, and concludes with some general remarks.

From the pages that investigate the third position, we extract the following observations:—

"In order to render this part of the investigation the more satisfactory and conclusive, I have instituted a series of experiments, to ascertain the exact amount of brain in the skull, compared with its external dimensions. These experiments were made under the immediate inspection and by the assistance of Dr. Thomas P. Jones of this city, and Professor William Ruggles of the Columbian College; gentlemen whose high scientific character ensures the utmost accuracy in the results. I am much indebted to these gentlemen for the aid they have afforded me. In the first series of experiments was ascertained the volume of each skull the brain included. In the second series, the volume of the brain alone, or the capacity of the cerebral cavity.

"Then in order to render the difference in capacity more obvious, the volume of each skull, the brain included, was reduced to the dimensions of seventy fluid ounces.

"This table shows the results of these experiments, as extended to five of the skulls delineated in the plates.

	vol. skull, br. included.	vol. brain.
Pl. II.	70 *oz.*	56.22 *oz.*
III.	"	51.72
IV.	"	46.21
V.	"	34.79
VII.	"	25.33

"In five skulls, therefore, of the same external dimensions, we have a difference in the amount of brain between

II. and III.	of	4.50 *oz.*
II. " IV.	"	10.01
II. " V.	"	21.43
II. " VII.	"	31.89

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[1] An Examination of Phrenology, in two lectures, delivered to the Students of Columbian College, District of Columbia, February, 1837. By Thomas Sewall, M.D., Professor of Anatomy and Physiology. Published by request. 8vo. pp. 70; with eight lithographs. Washington City, 1837.

"In this computation we have a difference in the volume of brain, contained in two skulls of the same external dimensions, of 31.89; something more than one half. These experiments have been extended to a great variety of crania, not here delineated; which confirm the above estimate, and show that the external dimensions of the skull furnish no indication of the amount of brain.

"I hold it then to be clearly established, that no phrenologist, however experienced, can, by an inspection of the living head, ascertain whether an individual has a skull of one inch, or one eighth of an inch in thickness; nor whether he has 56.22 ounces of brain in volume, or only 25.33 ounces.

"With the result of these experiments before you, gentlemen, I leave you to estimate the value of phrenology as a practical science, in determining the powers of the human intellect."

The lithographs exhibit the organs laid down by the phrenologists, sections of skulls to exhibit their varying thickness, &c. &c.

Lepelletier, on the Employment of large doses of Tartarised Antimony in disease, especially in Pneumonia and Rheumatism.[1]

This work is divided into three parts. The *first* contains the history of the opinions of authors as to the sedative or contra-stimulant properties of tartarised antimony; the *second* comprises "pathological facts," including experiments with that agent on man and animals, with cases of pneumonia and rheumatism treated by it; and the *third* comprises the therapeutical inductions.

We translate, from the last, the two corollaries at which the author arrives, after a most elaborate—needlessly elaborate—enquiry. They will show, in a forcible manner, how much of doubt rests upon his mind regarding the beneficial agency of this "contra-stimulant."

"*The tartarised antimony, in a high dose, employed in the treatment of pneumonia*, may offer advantageous results, by limiting its administration in the manner we have mentioned, and regulating with circumspection and prudence the varied modes of its therapeutical applications.

"The tartarised antimony, in a high dose, employed in the treatment of rheumatism, has hitherto only presented *results* whose efficiency may be contested, but which must not yet be definitively judged, science having need of other facts before pronouncing irrevocably on this question of the future."—p. 224.

In the "Medical Clinics," of Bricheteau, which is translated for and will soon appear in the "Library," this topic will be found expatiated upon.

Hartmann's General Therapeutics.[2]

This small volume contains an abstract of the lectures on "General Therapeutics," by Hartmann,—one of the great names of Germany. It is divided into two parts,—one *general*, the other *special*. The former treats of curative methods in general, by the efforts of nature as well as of art; the prophylactic or preventive; radical and palliative cures, &c. The latter considers the modes of cure according to classes. These Hartmann divides into, A. *The evacuant method;* which he subdivides into, 1, that by bloodletting; 2, the emetic; 3, the cathartic; 4, the diuretic; and 5, the diaphoretic. B. *The resolvent method.* C. *The restorative or nutritive method.* D. *The tonic method.* E. *The excitant or stimulant method*; which he subdivides into, 1, the fugitive or diffusible stimulating; and 2, the more permanent. And F. *The sedative method;* which he subdivides into, 1, the anodyne; 2, the antiphlogistic or refrigerant; and 3, the emollient.

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[1] De l'emploi du tartre stibié a haute dose dans le traitement des maladies en général, dans celui de la pneumonie et du rhumatisme en particulier. Par Alm. Lepelletier, de la Sarthe, &c. &c. 8vo. pp. 224. London, 1835.

[2] Dr. Phil. Carl Hartmann's weiland, k. k. ö. Professors der Medicin an der Universität zu Wien, Allgemeine Therapie. Nach seinen öffentlichen Vorlesungen. Herausgegeben von einem praktischen Arzte. Aus dem Lateinischen. 8vo. pp. 100. Leipzig, 1835.

The whole production is brief and unsatisfactory; not, indeed, meriting the consideration of being more than a syllabus.

Presence of Lead in Orange-flower Water. By Mr. P. Squire.[1]—Mr. Squire, of London, has detected lead in the imported orange-flower water. If the iodide of potassium be added to a sophisticated solution, it gives a yellow turbid appearance. The lead may be got rid of by immersing a piece of zinc wire, and ascertaining the removal of the lead by testing from time to time.

Orange-flower water deposits, at times, a brown sediment, which is lead. This precipitate, as well as the lead in solution, is noticed by Dr. Christison in the last edition of his "Treatise on Poisons," 1836. p. 507.

Leech Trade.—France, Hungary, and Germany it would seem, are nearly exhausted of leeches, and the trade is now supplied from Wallachia and Moldavia. Depots are established at Bucharest, whence they are conveyed to France in the post-carts. In 1825, France exported more than a million; and now, she is obliged to import.[2]

"Is this," says the editor of the Medico-Chirurgical Review, "the effect of the *doctrine physiologique?* What a triumph to Broussais is this. He has created in France a new commerce, and, as is the case with all conquerors, his glory is at the expense of blood. Here is another subject for the pen of the '*Conquêtes des Français.*'"

On the Calagirah or Calageri of India. By M. Virey.[3]—This is a very small black seed, of a slightly aromatic odour, containing volatile oil. The plant, whence it is obtained, and which has a great reputation for medicinal virtues in the East Indies, is the *vernonia anthelmintica* of Willdenow; the *ascaricida anthelmintica* of Cassini. It has been figured by Van Rheede, in the "Hortus Malabaricus," tom. ii. 29, plate 24; by Burmann in his "Thesaurus Zeylanicus," p. 21, tab. xcv.; and described by Vaillant in Mémoir. Acad. Scienc. Paris, an 1719.

The plant itself has been recommended in decoction internally in the gout; externally, in the way of fomentation, in rheumatism. The seeds in powder are regarded as the best vermifuge in case of ascarides, and lumbrici of children. As it is much less disagreeable to take than the *semen contra*, which, by the way, are never employed on this side the Atlantic, M. Virey thinks it ought to take the place of the latter, especially as it can be naturalised in the gardens. It requires, however, protection from the cold, like the plants of the orangery.

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[1] British Annals of Medicine, No. 1, p. 15.

[2] Medico-Chirurgical Review, for Jan. 1837, p. 288.

[3] Journal de Pharmacie, Nov. 1836.

On Centenarians. By Sir Francis d'Ivernois.[1]—It would appear from the "Analysis" of the author, that centenarians are not common in his parish; he therefore throws doubts on the registers of other places. He especially discredits the census of the United States on this point. There is, doubtless, much liability to error, especially where there is a slave population—as in our own case—most of whom are entirely ignorant of their ages. In the census they are signalised for their longevity. Sir Francis quotes a remark of Mr. Rickman—who was appointed by the British parliament to digest the census of England and Wales—that "the proportion of existing centenarians is no valid indication of natural health or longevity;" a result at which we had arrived from an impartial examination of the censuses of various countries.

Deformity of the Pelvis.—Professor Nägele, of Heidelberg, has presented to Dr. Montgomery, of Dublin, a cast of the pelvis of a woman, who was perfectly well formed, and gave birth to five full grown healthy children with the greatest facility; but, being unfortunately attacked with malacosteon, and becoming again pregnant, at the close of gestation the pelvis was found so contracted as to leave no possibility of delivery except by the cæsarean section, from the effects of which the woman died, and the pelvis was found to present the greatest degree of contraction that has perhaps been witnessed.

In the dry preparation, the distance between the promontory of the sacrum and the ramus of the pubis is scarcely a quarter of an inch, so that when covered by the soft parts, these points must have been in contact. The greatest antero-posterior diameter at either side is only an inch and a quarter, and during life could not have exceeded an inch; the sacrum is bent in, so as to form a right angle, and the ilia are folded or doubled in upon themselves like softened pasteboard. Professor Nägele regards it as the most perfect specimen of contraction of the kind which has ever been made known to the profession.[2]

Professor Warner.—We observe that Professor Warner is about to leave the chair, which he has ably filled for the last few years in the University of Virginia. The situation is most desirable for one who is competent to the discharge of its duties, and who is, at the same time, attached to literary pursuits.

The editor of the "Boston Medical and Surgical Journal" asks what has become of the Medical School of the University of Virginia? It has never been in a more flourishing condition; the number in attendance this session, as far as we recollect, is sixty.

BOOKS RECEIVED.

The Principles and Practice of Surgery, founded on the most extensive hospital and private practice, during a period of nearly fifty years; with numerous plates, illustrative both of healthy and diseased structure. By

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[1] Extract from the Analysis of the Registers of the *Vaudoise* Parish of Montreux, for the three years 1832, 1833, and 1834. In Annales d'Hygiène Publique, for April, 1836.

[2] Dublin Journal, for January, 1837, p. 432.

Sir Astley Cooper, Bart., F. R. S., Sergeant Surgeon to the King, formerly Lecturer on Anatomy and Surgery at Guy's and St. Thomas's Hospitals; now Consulting Surgeon to Guy's. Edited by Alexander Lee, M. D., Editor and Translator of Celsus de Medicina, &c. 8vo, pp. 490, (with fifteen plates). London, 1836.

Rudiments of Physiology, in three parts, &c. &c. By John Fletcher, M. D., F. R. C. S. E., Lecturer on Physiology and Medical Jurisprudence. 8vo. Part I. pp. 155. Part II. *a*, pp. 130. Part II. *b*, pp. 146. Edinburgh, 1835—6.

A Practical Treatise on Midwifery, containing the result of 16654 births, occurring in the Dublin Lying-in Hospital during a period of seven years, commencing Nov. 1826. By Robert Collins, M. D., late Master of the Institution. 8vo, pp. 526. London, 1835.

A Treatise on the Chemical, Medicinal, and Physiological Properties of Creosote, illustrated by experiments on the lower animals; with some considerations on the embalmment of the Egyptians. Being the Harveian prize dissertation for 1836. By John Rose Cormack, Member of the Royal Medical and Royal Physical Societies of Edinburgh, (with a motto). 8vo, pp. 154. Edinburgh, 1836.

Essay on the Disorders incident to Literary Men; and on the best means of preserving their health. Read before the Royal Society of Literature, Nov. 5, 1834; and dedicated, by permission, to the Lord Bishop of Salisbury. By W. Newnham, Esq., M. R. S. L. 8vo, pp. 36. London, 1836.

Dr. Phil. Carl Hartmann's, weiland, k. k. ö., Professors der Medicin an der Universität zu Wien, Allgemeine Therapie. Nach seinen Vorlesungen. Herausgegeben von einem praktischen ärzte. Aus dem Lateinischen. 8vo, pp. 100. Leipzig, 1835, pp. 232. Frankfurt am Main, 1835.

From the Author.—An Examination of Phrenology; in two lectures, delivered to the students of the Columbian College, District of Columbia, Feb. 1837. By Thomas Sewall, M. D., Professor of Anatomy and Physiology. Published by request. Eight lithographs. 8vo, pp. 70. Washington City, 1837.

From Dr. T. R. Beck, of Albany.—Reports of Dr. John Torrey, Dr. James E. De Kay, Dr. Lewis C. Beck, Mr. William W. Mather, Prof. E. Emmons, T. A. Conrad, and Lardner Vanuxem, relative to the geological survey of the state of New York, (in acts of assembly). pp. 212.

From Dr. Forbes—of the "British and Foreign Medical Review"—the six following works:—

De l'Emploi du Tartre Stibié a haute dose dans le Traitement des Maladies en général, dans celui de la Pneumonie et du Rhumatisme en particulier. Par Alm. Lepelletier, de la Sarthe, Professor de Pathologie et de Physiologie, Membre de l'Académie Royale de Médecine, &c. 8vo, pp. 224. Paris, 1835.

Natur und Kunst in Heilung der Krankheiten. Ein Leitfaden für angehende Aerzte. Von Dr. Johann Jacob Günther, Königl. preussischen und herzogl. naussauischem medicinalrathe, u. s. w. 24mo, pp. 232. Frankfurt am Main, 1834.

De Dilatatione Ventriculi Dissertatio inauguralis quam, &c. &c., publice defendet aûctor Gualtherus Joa. Fackeldley, Rhenanus. 8vo, pp. 32. Berolini, 1835.

De Ossium Genesi, Structura et Vita. Dissertatio inauguralis anatomico-physiologica, &c. &c., palam defensurus est auctor Fredericus Miescher, Bernensis, &c. &c. 4to, pp. 75, cum tabulis. Berol. 1836.

De Lapidis infernalis usu externo in Ambustionibus. Commentatio medico-chirurgica quam publico eruditorum examini submittit Dr. R. Cæsar Herzfeld. 8vo, pp. 43. Hamburg, 1835.

Relatorio dos Trabalhos da Sociedade de Medicina do Rio Janeiro, &c. primeiro Anniversario de sua solemne Installaçaõ, pelo Dr. Luiz Vicente De Simoni, Secretario da dita Sociedade. 8vo, pp. 41. Rio de Janeiro, 1831.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. June 1, 1837. No. 5.

Art. I.—ON DISEASE OF THE KIDNEY, REFERRED TO THE BLADDER.

In a late number of the "Medico-chirurgical Review,"[1] Mr. Henry James Johnson has quoted some remarks of Sir Benjamin Brodie on this subject, from a note appended to the first edition of his lectures on the "Diseases of the Urinary Organs." To these Mr. Johnson adds some cases in confirmation of his positions, from which he concludes, that "if the symptoms of what is popularly called 'irritable bladder' are conjoined with an albuminous condition of the urine, the surgeon should be aware that he may have a very formidable malady to contend with. There is reason to believe that it is not merely one, but several organic alterations of the kidney, that give rise to this train of symptoms and consequences."

We have had many opportunities for testing the accuracy of these views, but in none were they more signally illustrated than in a deeply interesting case which fell under our care some time ago, and the particulars of which were detailed in another work.[2] The patient—an intelligent army surgeon—had long suffered under most distressing irritability of the bladder, with occasional pain in the region of both kidneys; and, on one or two occasions, with severe nephritic symptoms, which yielded to appropriate measures. A tumour gradually arose in the right lumbar region, which could be distinctly felt on pressing the corresponding part of the abdomen, but its origin and connection were very obscure. He had consulted many eminent practitioners, by most of whom the irritability of the bladder was presumed to indicate *vesical* rather than *renal* mischief. When we first saw him, along with Dr. Gibson, an able physician of Baltimore, he was passing a large quantity of albumen with his urine, as was rendered evident on holding it in a spoon over a candle. This circumstance, taken along with the diminished specific gravity, impelled us to refer the main—if not the whole—mischief to the kidneys,—a view which was confirmed on dissection, the bladder, although contracted, being healthy, whilst the right kidney was extensively diseased, containing a multitude of hydatids, and forming the abdominal tumour to which allusion has been made. The left kidney was likewise in a pathological condition, and had calculi imbedded in it.

We are satisfied, also, from positive experience, that many symptoms, which are looked upon as those of colic, colitis, &c., are produced by renal disease, and especially by the passage of a calculus from the kidney. The cases may generally be discriminated by the circumstance,—that the pain the latter is usually on one side of the abdomen, on a level with the kidney —not around the umbilicus—and by there being uneasiness at the part where the corresponding ureter terminates in the bladder. We have several times seen such cases without there being any retraction of the testicle, numbness of thigh, perpetual inclination to pass the urine, &c. which have been enumerated as the constant concomitants of the passage of calculus from the kidney.

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[1] July, 1836, p. 193.

[2] General Therapeutics, p. 304.

ART. II.—MEDICAL STATISTICS OF NEW ORLEANS.

BY PROFESSOR BARTON, OF THE MEDICAL COLLEGE OF LOUISIANA.[1]

The following statements, from a most respectable source, will at first excite surprise. They strongly corroborate the views of Professor Caldwell, referred to in our second number, that the mortality of New Orleans is mainly constituted of the transient population.

"But of all the circumstances going to prove the salubrious and flourishing condition of the country, (as to population,) there are none so much and so properly relied on, as its influence upon its native and acclimated population, as proved by the relative numbers of children and old persons to the great mass of the inhabitants; and here there can be no room for mistake, or partiality, or prejudice. I have taken some trouble to ascertain the truth, and have used *official records* for the purpose.

"I have compared Louisiana with Massachusetts as one of the most northern, and with Pennsylvania as a middle state; the results are, that in *this state* (Louisiana) children form

	1	in every	3.55	of the	inhabitants.
In Massachusetts as	1	"	3.95	"	"
In Pennsylvania as	1	"	3.22	"	"

"I then compared New Orleans with the four northern cities; the following were the results: in New Orleans there was 1 child in every 3.96 of the inhabitants.

In Baltimore there was	1	in every	3.68
In Philadelphia there was	1	"	4.34
In New York there was	1	"	3.88
In Boston there was	1	"	4.35

"This certainly will be a most unexpected result to most of you; it clearly proves, when coupled with the fact that not 1 in 100, or 2 or 300 scarcely, who emigrate here, are included in this class, and go, of course, to swell the ratio against it, that Louisiana, and especially this "grave yard" New Orleans, (as it has been called,) is the healthiest city in the union for children!

"Let us next proceed to examine how far this 'dreadful climate' is favourable to advanced life; for if we can prove to you, and from official records, that it is not only the best climate for children, but that the chance of acquiring a green, vigorous, and elastic old age here, is superior to that of any large city of this country, my object will have been accomplished. For this purpose I have compared New Orleans with the capitals of the two states above mentioned, and with New York and Baltimore, and this is the result.

In Boston there was over 60 years of age, the ratio to the whole population,	as 1 in 3.161
In New York there was over 60	1 in 3.533
In Philadelphia there was over 60	1 in 2.487
In Baltimore there was	1 in 2.573
While in New Orleans there was	1 in 2.486!

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[1] The Translvyania Journal of Medicine, for Oct., Nov., and Dec., 1836. p. 639.

"But farther, to evince to you that this climate is highly and peculiarly favourable to *extreme old age*, I made another estimate, to show the relative proportion of those above 100 years of age to the whole population; and as North Carolina has been remarked for the longevity of *her* inhabitants, I felt no hesitation or apprehension in including her in the comparison, and it resulted as follows:—

In Massachusetts there was over 100 years of age	1 for every	10.517
In Pennsylvania there was	1 "	9.765
In North Carolina there was	1 "	2.081
In South Carolina there was	1 "	2.441
While in Louisiana there was	1 "	1.608!

"Still not satisfied, and that there might be no room to complain, and as this city has not only been considered the most sickly part of the state, but credulity, ignorance, or spleen, has pictured it to be one of the most sickly cities in the world, I made the following exhibit, to show its *peculiar* and *superior* advantages in soothing and ameliorating the advanced condition of life, and promoting its acquirement, and its immense advantages in this respect over the other large American cities.

In Boston there was but 1 over 100 years of age .	in every	61,392
In New York there was 1	"	8,570
In Philadelphla there was 1	"	3,094
In Baltimore there was 1	"	1,300
In Charleston there was 1	"	2,329
While in New Orleans there was 1	"	997!

"These results will be still more astonishing, if you will call to mind, that this ratio in favour of our city, is very much diminished against us, by there being no emigrants of *this age*, or any way approaching to it, they consisting mostly of those of middle life. We have then the astounding and to many incredible fact, and it is derived from *official records*, I repeat, that Louisiana, and particularly New Orleans, is not only highly salubrious for her native and acclimated population, but is, so far as it regards them, the healthiest large city in America! These results will not be materially varied when we come to test them by the data furnished by her diseases."

Art. III.—REMOVAL OF PART OF THE THYROID GLAND.

BY ROBERT LISTON, ESQ.[2]

Professor of Clinical Surgery to London University College, &c.

In the removal of such enlargements of the thyroid gland as render an operation indispensable, Mr. Liston combines incision with constriction by ligature around the base of the tumour.

The first of these cases—says Mr. W. J. E. Wilson, Lecturer on Anatomy and Physiology, who is the reporter—is detailed in the "Elements of Surgery" (Liston's), p. 287.

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A man, forty-seven years of age, from the Highlands, was affected with enlargement of the isthmus. The tumour was about the size of a goose's egg, and, pressing upon the trachea, produced dyspnœa, and threatened suffocation. "I surrounded," says Mr. Liston, "the lower part of the tumour by two semicircular incisions, and, dissecting cautiously beneath its base, detached it from its loose connections. An armed needle was then passed through the middle of the neck of the tumour, as near to the trachea as possible, and its remaining attachment enclosed by the separate portions of the ligature, firmly applied." The separation went on favourably, and in about a month the patient went home well.

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[2] British Annals of Medicine, No. 1, p. 11.

The second case is that of Anne Rutland, aged twenty-three, who was admitted into the North London Hospital on the 13th of October, 1836. She is a native of Taunton, diminutive in stature, and childish in appearance and disposition. Her head is large; features and limbs as if arrested at a juvenile development. Her parents were healthy. At the age of fifteen, after a slight cold, a swelling became apparent upon the front of her neck, in the situation of the thyroid gland. It increased rapidly for three years without pain, and her health remained unimpaired. Latterly it has become troublesome on account of its weight and size, extending from one ear across the trachea until it nearly reached the opposite, and gave rise to considerable dyspnœa. It felt firm, and moved freely beneath the integument, particularly on the right side, which seemed separated from the main body of the gland. The external jugular vein and several large venous branches were seen meandering over its surface.

She had applied for relief to the Taunton Hospital, and also in town, but the remedial aid was confined to an amenorrhœa, under which she has always laboured since the first indication of a menstrual discharge at the age of seventeen.

Operation. Dec. 14.—An incision was made over the right side of the neck, the platisma and cervical fascia divided, and the soft parts dissected back from around the tumour. Two bleeding vessels were secured. A needle, mounted on a handle, was now passed through its base, and crossed by another introduced at right angles to it. Strong double ligatures, were threaded upon the needles, and they were withdrawn. The ends were now held forcibly around the base of the tumour, which was covered with lint dipped in cold water.

A slight oozing of blood occurred at intervals during the night.

"On the 21st, a slight blush around the wound was apparent; the constricted tumour was dark-coloured and dry; an oozing of an offensive ichor was discharged from around its neck. Another ligature was drawn tightly around it.

On the 23d, the connection of the tumour was so slight that it was divided by the knife.

The wound has gone on most favourably, and she is now nearly well.

Upon making a section of the tumour, it was found to consist of a delicate cellular network, containing a transparent gelatinous deposit. It was highly vascular, and in two or three points displayed small cavities filled with coagulated blood. The exterior was formed of several layers of condensed fibrous envelopes.

ART. IV.—MODE OF MAKING CAPSULES OF GELATINE.

BY ALFRED GUILLOU, GRADUATE OF PHIL. COL. PHARM.[1]

The invention of these capsules, by the French *pharmaciens*, is a decided pharmaceutical improvement, as regards the administration of several nauseous articles, and especially the balsam of copaiba. The gelatine undergoes solution in the stomach, and does not, therefore, interfere with the operation of the contained agent."[2]

M. Guillou, having instituted several experiments, succeeded in imitating the French article so completely, that many of those made by him were sold as French by dealers who purchased from him.

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[1] The American Journal of Pharmacy, &c., for March 1837, p. 20.

[2] American Medical Intelligencer, No. IV. p. 60.

The following is M. Guillou's process:—

The apparatus necessary for manufacturing the article in question is certainly not extensive and by no means costly. Provide a suitable number of narrow tin dishes, about eighteen or twenty inches in length, half an inch in depth, and about two inches in width. In the length of these, and in a line, plant or solder at the distance of one inch from each other a number of smoothly turned metallic knobs of an ovoid shape, whose apex, having been somewhat lengthened out, forms a thin neck by which they are attached to the tin dishes. This neck may be of about half an inch in length. Procure a sheet of tin, and perforate it with round holes, of which the diameter will be equal to the thickness of the knob. Having greased the knobs well with lard, so as not only to prevent any adhesion to them, but also the adhesion of the inner sides of the capsules to each other after casting, pour melted glue (the most transparent having been selected,) upon them and allow it to become tolerably stiff. If you think the shell is too thin, a second coat may be poured over the first. The capsule having been thus cast is allowed to cool down to about the consistence of common India rubber, and, having run a knife around the neck, you twist it briskly around and pull it upwards off from the knob. *It will immediately collapse and lose the form imparted to it on the mould, but if laid aside to dry, will, by the time it has hardened, have regained the desired rotundity.* Place it upon your perforated tin or 'filler,' and you can thus conveniently fill it with the article prescribed. A small piece of moistened gold-beater's skin serves to cover the opening, and is easily concealed by the application of a thick coat of a solution of gum arabic with a camel's hair pencil. This last part of the operation being intended solely for the 'finish' of the article, is only necessary in those cases where it is proposed to keep a supply on hand already filled, and need not be adopted where the immediate use of the remedy dispenses with any necessity of so rigidly consulting appearances.

Art. V.—SUICIDE BY POISONING.

BY M. BOUTIGNY.

A remarkable case, showing the possibility of serious error, where all may seem to be manifest, has recently been published by M. Boutigny, Member of the Medical Jury of the Department of the Eure.[1]

A woman, whose age was nearly thirteen lustres, her husband being upwards of seventy years old, and who was of bad temper and liable to attacks of hysteria, accused the latter of attempting to poison her. The justice of peace, accompanied by Dr. Baudry, went to the house, and found, in a place pointed out by the wife, a vessel containing arsenic in coarse powder; and a *rôtie au vin*, which the woman was to have taken, that likewise contained a great quantity of arsenic. These facts were enough to cause the husband to be arrested. On the following day, or the day after, she got up, and was well for eight days afterwards.

When the man was asked as to his motives for poisoning his wife, he declared that such an idea never entered his head; that he had never dreamed of committing so serious a crime, and that, moreover, he had every inducement to wish her to live, his income being dependent upon her,—after her death her small fortune passing into collateral channels.

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[1] Annales d'Hygiène Publique, &c. Juillet, 1836.

Eight days from the time of the alleged offence, his wife was taken with a paroxysm of insanity, she ran into the country and committed a thousand extravagances; she returned home, however, where she died the following day.

On examining the body, great derangement was found, especially in the intestines. The digestive tube was sent to Evreux, and a large quantity of arsenic was found in it, resembling in its state of division that which was found in the vessel, and in the *rôtie.*

When asked, whether the arsenic might not have been taken before the arrest of the husband, MM. Boutigny and Baudry very properly replied unhesitatingly in the negative.

The husband was immediately set at liberty.

"But what," says M. Boutigny, "might have happened had not the unhappy man been arrested? We cannot think of it without shuddering. How many eloquent phrases would not the accusing voice of the dying female have suggested to the prosecuting counsel! and then the enormous quantity of arsenic found in the digestive tube of the woman, in the *rôtie au vin*, in the house, and with the clear and positive declarations of men of science on the matter! all would have concurred to cause the condemnation of the husband as a cowardly poisoner; although innocent of the crime of which he had been accused."

ART. VI.—RESUSCITATION OF ASPHYXIED INFANTS BY SUCKING THEIR BREASTS.

BY DR. KOCK, OF HEILIGENBEIL.[1]

It is an old recommendation with the nurses, that the nipples of an asphyxied child should be sucked, with the view of arousing it, and it has been proposed that a cupping-glass should be applied over one or both of them.[2] Dr. Kock, in the journal before us, gives the results of a case in which this plan succeeded after insufflation, bathing, friction, &c., had been used without success. He first sucked forcibly the left, and afterwards the right breast, but in vain; on drawing again the left breast, however, he discovered a slight pulsation of the heart, which increased with every fresh suction; after he had repeated this, first on one breast, and then on the other, for ten minutes, the child cried.

Dr. Kock's experience has been, that the plan succeeded only in the case of *female* infants; this would have been singular if generally true; and to a reckless theorist the data would have been enough on which to build a plausible hypothesis, and to stifle opposition by an appeal to "facts." Dr. Kock, however, adds, that some midwives, of whom he had enquired, had arrived at opposite results,—both the one and the other being purely accidental.

We cannot understand how the effect is produced, except by exciting the action of the muscles of respiration through the general stimulation induced by it. It appears to be impossible that any dilatation of the chest can be produced by it, as has been believed by some credulous persons. Dr. Kock thinks it cannot be owing merely to the mechanical suction and dragging of the skin, but that "there must be a certain dynamic, antagonising influence exerted;"—an expression, rather than an explanation!

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[1] Neue Zeitschrift für geburtskunde, von Busch, d'Outrepont und Ritgen. Band. iii. Heft 1, s. 140.

[2] Velpeau, Traité élémentaire de l'art des Accouchemens, &c., p. 927. Wagner, in Encyclopädisches Wörterbuch, u. s. w. Band. iii. s. 557. See, also, art. "Asphyxia,"by the editor of this journal, in the American Cyclopedia of Practical Medicine, p. 501.

ART. VII.—ON SCIRRHOUS AND CANCEROUS DEGENERATIONS OF THE UTERUS.

BY S. BAMALARI.[1]

In the second number of the "Intelligencer" (page 32), we drew the attention of our readers to the translation of Duparcque's valuable work "On the Functional and Organic Diseases of the Uterus," by Dr. Warrington of this city. To this gentleman we are indebted for the following version of the observations, by an Italian physician, on degenerations, which form a considerable and an important part of the work of Duparcque.

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The author, after having claimed for his celebrated compatriot, Monteggia, the merit of being the first to propose the operation of excision of a part of the uterus in scirrhous affections of that organ, relates the following case in which he himself practised this operation.

Me. Vicari, widow, aged twenty-seven years, of a sanguineo-bilious temperament, mother of five children, is said to have been for several years afflicted with puerperal metritis. The commencement of her present disease she fixed at eight months ago, at which time her catamenia were very irregular; she was very feeble, had no appetite, and suffered from pains in the vagina, hypogastrium and loins. In the evening of the day on which the author first saw her, (20th June, 1835,) she had copious hemorrhage, which however ceased spontaneously. She complained of extreme prostration of strength; there was a cachectic hue of the skin; constant fever with evening exacerbations; want of appetite; and a discharge of fetid sero-sanguinolent matter by the vulva. Manual exploration enabled M. Bamalari to discover a hard projecting tumour, painful to the touch, and bleeding, occupying the neck of the uterus and involving the whole of the inferior lip of the os tincæ. By the aid of Recamier's speculum, this tumour exhibited a deep red colour with irregular surface; it was as large as an egg and very hard. The adjacent parts were healthy, except the posterior portion, which was inflamed and excoriated. The patient acceded to the proposition of an operation, which was performed on the 30th of June. After having put her in a position similar to that for lithotomy, the operator introduced the speculum of Recamier in such a manner that its superior extremity joined the upper portion of the vagina, and that the tumour was embraced in the cavity of the instrument; after having placed the latter in the hands of an assistant, and used an injection of tepid water, the surgeon, with the double hooked forceps of Museux in his left hand, drew the tumour towards him, while, with the curved scissors in his right hand, he made the incision. The operation occupied but a short time, was not very painful, and was attended with little hemorrhage.

The extirpated tumour presented all the anatomical characters of the cancerous tissue. It was divided internally by numerous white glassy and apparently cartilaginous striæ. Some soft points contained a liquid of various colours and consistence, enclosed in the equally softened parietes.

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[1] Encyclographie des Sciences Médicales, Mai, 1836, from Omodei, Annali Universali di Medicina, Jan., 1836.

The healing process went on without any remarkable accident, the inflammatory reaction was slight; frequent lotions, dressings of lint often renewed, two applications of nitrate of silver, were all the means used for four weeks. The natural opening of the uterus remained permeable, and the patient recovered her former state of health. An exploration made four months after the operation left no doubt respecting the cure.

Experience, both in hospital and private practice, has induced the author to believe that cancerous affections of the uterus always commence in the neck of the organ, near or at the os tincæ, and he doubts whether this disease ever attacks the fundus or body primarily. Cancer of the neck of the uterus does not present the appearance of cancer with a scirrhous base, like that which occupies the glandular tissue of the breast, parotids, &c., it rather resembles the cutaneous cancers, especially those which occur in the dermoid tissue of the face; it commences with a membranous surface, upon which small tumours and fissures are developed, giving place to ulcers extending in depth and surface, and running into each other, until the neck of the uterus becomes invaded by a large and deep wound, which in a very short time is rapidly propagated to the rest of the uterus, and soon also to the contiguous parts, as the vagina, bladder and rectum. Scarpa has remarked that the progressive tendency of the disease in question is one of the most incontestable facts in practical surgery; such, however, is not the progress of other diseases to which the uterus is subject, as induration and hypertrophy of the neck, steatomatous alterations, polypi and fibrous bodies, which conditions remain stationary for years without degenerating into scirrhous affections.

The author does justice to both internal and external means; such as mercurials, cicuta, arsenic, compression, and other remedies usually proposed for the treatment of cancerous diseases.

Extirpation performed at the commencement of the disease, and before cancerous cachexy becomes developed, is the only anchor of hope in this class of affections.

M. Bamalari thinks that in most cases excision is preferable to the use of caustic,—the first is effected promptly, it is not followed by a discharge which of itself may aggravate the condition of the uterus by the putrid quality of the fluid which is secreted; the surgeon has it in his power to circumscribe the diseased part exactly when he uses the knife, and the hemorrhage is easily arrested by means of the *tampon*. The caustic, on the contrary, requires to be applied several times, and each application causes a fresh attack of inflammation. Its action is uncertain, and often it cannot be applied to parts which we wish to destroy. The retention of the eschar retards the cure, and the swelling of the parts caused by it often prevents the use of topical applications that may be required to allay the inflammation.

The author concludes by rejecting the operation for the removal of the whole uterus, as offering no chance of success.

Art. VIII.—UNDOUBTED CASE OF CRYING IN THE WOMB.

BY ROBERT COLLINS, M. D., LATE MASTER OF THE DUBLIN LYING-IN HOSPITAL.

In one of the most interesting practical and statistical treatises on obstetrics that have appeared in modern times,[1] we have the following satisfactory case of *vagitus uterinus*,—a phenomenon of interest to the obstetrical physiologist and medical jurist.

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[1] A Practical Treatise on Midwifery, &c. &c. By Robert Collins, M. D., Late Master of the Dublin Lying-in Hospital. pp. 526. Lond. 1835.

The author is detailing cases of rupture of the uterus or vagina.

No. 21,—Was thirty-six hours in labour with her second child, (her first born alive). The pains were at no time severe, nor did the head descend so low into the pelvis as to cause the face to turn into the hollow of the sacrum. Her pulse was quick; she seemed anxious and restless; her strength began to fail, so much so that her pulse faltered; her countenance became ghastly; extremities cold and livid, with vomiting; the hour previous she had no alarming symptoms; she was immediately delivered with the crotchets. The hand was then passed to ascertain the extent of the laceration, (as there could hardly be a doubt as to it having occurred,) but none could be satisfactorily detected. She never rallied. She died in seventeen hours.

On dissection, a laceration was found in extent about two inches, anteriorly to the left side, running from the junction of the uterus and vagina upwards in a longitudinal direction, and confined to the muscular substance of the uterus, the peritoneum remaining uninjured. There was a considerable effusion of blood between this and the muscular substance near the lacerated part. There was also a quantity of bloody fluid in the cavity of the abdomen. The intestines were exceedingly vascular. The most extraordinary occurrence in this case was the *respiration* and *crying* of the *child in utero;* both of which were heard as distinctly as possible four hours before delivery, the latter at a distance of some yards from the couch on which the patient was lying. These facts were witnessed by myself and assistants, besides several of the pupils, both by stethoscopic examination, and otherwise. The head was, at this time, high in the pelvis; the soft parts partially dilated; and the waters but a short time discharged. The cry was so distinct that I imagined the child was placed merely under the bed-clothes. When called to witness this truly singular phenomenon, I little credited the truth of what I was told, and confess, had I not been present, I should have remained sceptical.

How forcibly should this fact prove the uncertainty of some of the tests most confided in, as indicative of the murder of new-born infants! It also affords the medical writers, in such cases, a salutary caution in addition to those so ably advanced by the learned Dr. William Hunter on this subject.

Art. IX.—SUCCESSFUL CASES OF LITHOTOMY.

BY DR. DUDLEY, OF LEXINGTON, KY.

In the published "Report and Discussions at the *Académie Royale de Médecine* of Paris, on the Comparative Advantages of Lithotomy and Lithotrity," M. Velpeau refers to the ratio of deaths from the former operation in the practice of different lithotomists. In this statement he mentions the proportion in that of Dr. Dudley, of Transylvania University, to be one in seventy-two,—a far greater degree of success than has occurred to any other surgeon of any period.

In commenting on the remarks of M. Velpeau, Professor Peter, of Morrison College, Transylvania University, has the following note.[1]

"Flattering as this notice is, in the midst of the great metropolis of Europe [Paris], of the success of our great back-woods surgeon, and great as that success appears, compared with that of the first surgeons of the world, the statement given in the text is yet below the truth. Dr. Dudley has performed lithotomy one hundred and thirty-eight times, and has *not lost one* by the operation. The French surgeon [M. Velpeau] seems scarcely inclined to insist on the truth of the statement which he himself makes of Dr. Dudley's success; what would he say to ours? We may add, however, to remove any shadow of doubt, that one hundred and thirty-two of these operations were performed in the small city of Lexington, where the members of the faculty, the students, the citizens of the town, and the nurses, who saw the operations, and would immediately have been informed of a fatal result in any case, will all corroborate the statement. For the peculiarities of Dr. Dudley's treatment of these cases, we refer to his paper on calculous affections, in the last volume of this journal. At the time of the publication of that paper he had operated on one hundred and thirty-five persons for stone, and since that time he has successfully performed the operation on three others. A remarkable circumstance attending these is, that the two next cases after the date of that publication were both of young men of twenty-one years of age, who had congenital calculi; had been affected with stone from the time of their birth."

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[1] The Transylvania Journal of Medicine, &c., for Jan. Feb. and March, 1837. p. 91.

In the same number of the "Journal," Dr. Bush reports the 139th case of success in a boy between six and seven years of age. "A dozen professional gentlemen of Lexington can testify that the boy was untied in forty seconds from the time the first incision was made."

We would respectfully suggest to Dr. Dudley, as incredulity manifestly exists on account of the extraordinary success which he is said to have obtained, to publish a tabular view of all his cases, so that the profession may have full opportunity for judging on the matter. We are aware that in a communication given in a previous volume of the journal before us,[1] he states that four individuals died after the operation, but no one before the bladder was closed, or within the ordinary period required for the healing of the organ. Dr. Dudley's success has certainly been most extraordinary, and he strongly merits the encomiums that have been passed upon him in a recent number of a cotemporary journal.[2]

ART. X.—PATRONAGE OF QUACKS.

Under this title we meet with the following comments in the pages of a western cotemporary.[3]

"PATRONAGE OF QUACKS.

"The *London Medico-Chirurgical Review*, for Oct. 1836, has a page under this title. The learned editor, Dr. Johnson, seems but recently to have met with the category of distinguished names, which testify to the transcendent virtues of Swaim's Panacea. He has immortalised them in his widely circulated journal; for this we cannot blame him, but as *Americans*, we are kept from recording them in our humble quarterly. They are, indeed, already but too well known throughout the land. When the medical dignitaries of the enlightened *east* can allow themselves to stoop so low, what may not be tolerated in the *back-woods!* The stream cannot rise above its fountain—but let us come to the extract.

"'*Patronage of Quacks.*—We thought that in England, quackery flourished with unexampled vigour, but we were mistaken. It is rarely that the quack here is able to entrap the regular physician or surgeon into an open patron, certifying under his hand

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[1] Transylvania Journal of Medicine, vol. ix.

[2] American Journal of the Medical Sciences, for May, 1837. p. 163.

[3] The Western Journal of Medical and Physical Sciences, edited by Drs. Drake and Wood, for Jan., Feb., and March, 1837. p. 622.

and seal the mighty virtues of an unknown composition, vended for gain and for gain alone. Not so beyond the Atlantic! We were utterly astonished to find an impudent *panacea* bolstered up with the names and certificates of some of the first authorities in the medical profession of the United states! We were thunderstruck on perusing such documents as the following,—some twenty or thirty being obtained by a noted nostrum-vender in the land of freedom.'

"Here come in the certificates of four distinguished medical gentlemen of Philadelphia and New York, which a sense of shame will not permit us to copy.

"'Eheu, jam satis! We are mortified and grieved beyond measure, to find professional *propriety* (to give it no other name) at so low an ebb among our brethren in America! This admonition from Europe will surely rouse the faculty of the United States to some sense of the duty they owe to their brethren throughout the world.'"

We take occasion to remark on this point, more for the information of our brethren on the other side of the Atlantic, where we know our journal is read, than here, that the fact to which allusion is made did not happen within certainly the last fifteen years; that it was then no criterion of the feelings of the profession in this country with respect to quackery; that it has met with marked disapprobation, and, we have every reason to believe, has been the source of unmixed regret to the respectable gentlemen whose names are attached to the certificate in question. It was the error—solitary in its kind—of the individuals concerned, certainly not of the American medical profession.

BIBLIOGRAPHICAL NOTICES.

Report of the New Haven County Medical Society against Quackery.[1]

It appears that the general assembly of the state of Connecticut, at their session in May, 1836, received petitions from various parts of the state, praying for a repeal of the 8th section of the "Act to incorporate the Connecticut Medical Society." By a vote of the general assembly, these petitions were postponed to the next session of the assembly, with an order for a citation to the Medical Society. In consequence of this citation, the Medical Society of New Haven County, at their annual meeting in April 1837, adopted the report before us as expressive of their views in regard to the expediency of the proposed measure.

It is a pointed, pithy, and forcible production; referring in no equivocal manner to the friends of that empirical system, which prevails extensively over every part of the Union, and from which the petitions to the legislature of Connecticut are said to have emanated. The account which it gives of the system we shall lay ere long before our readers.

As a specimen of the report we extract the following argument:—

"The principle for which we would here contend is simply this,—*That it is the right and duty of government to protect the people in every possible way against any trade, or craft, or profession, in which the public has peculiar interest, and the temptations to defraud and deceive are*

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[1] A Report of the New Haven County Medical Society on the expediency of repealing that section of the medical laws of the state which excludes irregular practitioners from the benefits of law in the collection of fees. 8vo, pp. 16. New Haven, 1837.

great. This principle is recognised on almost every page of our statute-book. In accordance with it, millers are forbidden to take but a certain amount of toll. No person can sell certain kinds of goods at auction without a license. 'No person shall set up or carry on the trade or mystery of tanning leather, except he prove his skill therein,' 'and obtain a license therefor,' under a penalty of sixty-seven dollars. Why? Because the tanning of leather requires skill, and because leather is an article in which extensive fraud is practicable. No man can ship beef, fish, flour, onions, hay, shingles, &c., to a foreign market, unless they have been inspected and approved. Beef for exportation must be, at least two years old, cut and cured in a certain manner, &c. These inconveniences (restrictions on personal rights, if you please,) must be submitted to, to prevent imposition, and to secure a good character and market abroad.

" In accordance with this same principle, it has been further enacted that 'no person shall keep a district school, until he has been examined and approved by the visiters of the school society,' and shall receive a certificate of his qualifications for a teacher. Why? Because the business of school-teaching requires some knowledge, and because evils would be the consequence of committing it to incompetent men. Neither shall any person practise as an attorney, unless he be approved, admitted, and sworn 'agreeably to the rules established' by the court, unless it be in his own case; 'nor shall more than one attorney be allowed to plead on the same side of any cause,' with certain exceptions; 'and in no case shall more than two attorneys be admitted to plead on the same side.' All these embarrassments the friends of 'free trade' and 'equal rights' must submit to, because the public good (always a higher object than individual good,) requires some such measures to prevent the evils of protracted litigation, and the imposition of unqualified and designing men.

" The whole license system recognises and exemplifies the principle under consideration,—that the free exercise of certain vocations by all, without restraint or condition, is not consistent with the highest general good. Innkeepers are required to obtain a license, give a bond for the observance of the laws, conform to certain regulations regarding the selling of liquors and the preservation of morals, &c.

" All these restraints on the business of society and of individuals—constraints similar to those enacted by every civilised government on earth—sufficiently prove the truth and justice of the principle we have been considering; or, at least, show that it is recognised and acted upon continually in our statute-book, which fact is all that is required for our present purpose. Therefore, in order to show the propriety of legislative interference in regard to the practice of physic, it only remains for us to prove that the medical art is *similar* in its nature, and in its relations to society, to other arts and occupations, which, it is agreed, are proper subjects of legislation,—a thing which, in fact, has already been done. If we mistake not, we have shown that the medical art, in its relation to the public welfare, holds a very high rank in importance, certainly as high as the art of the schoolmaster or tanner. We have shown, too, that medicine is a difficult and comprehensive study, requiring natural talent, and a long period of diligent training, in such as would practise it successfully, and is not surpassed in these respects by any art or profession whatever, whether it be pleading, or tanning, or school-keeping. Furthermore, we have shown that the business of a physician offers very great advantages for imposition to artful, incompetent and irresponsible men, certainly as great as the advantages of the attorney, the pedagogue, the auctioneer, the taverner, or the tanner. Are we not right, then, when we contend that the present medical laws ought not to be repealed, that ignorant and unqualified men ought not to practise physic, and that the guards and barriers which the public now have against imposture ought not to be removed?"

It need scarcely be added, that the report is throughout unfavourable to the petitioners.

Herzfeld on the Nitrate of Silver in Burns.[1]

The object of this neatly "got up" essay is to recommend that the vesications in cases of burns and scalds should be opened, and the denuded cutis touched with the nitrate of silver, until a kind of coating is formed over the raw surface (*donec vero* pasta *formata est*),—a course recommended by J. E. Cox, and by J. C. G. Fricke, of Hamburg, to the latter of whom the essay before us is dedicated. Two cases are given.

It would seem that the pain was not much augmented by the immediate application of the caustic; and that immediately afterwards it remitted, and the condition of the patient was much improved. (Cauterii applicatione dolores non multum adaucti; e contrario, quod mirandum, dolores usque hac vehementissimi remittebant, statusque melior generalis ægroti efficiebatur. p. 40.)

Dr. Herzfeld properly thinks that the application is excitant. We have little question that by virtue of this property it reduces the over-dilated capillaries to their former dimensions, whilst the crust formed by it prevents the irritating influence of the air on the denuded surface.

Sir A. Cooper's Principles and Practice of Surgery.[2]

This volume of a new edition of the works of the distinguished English surgeon lays claim to the following improvements over its predecessors. "1. The editor has availed himself of what he conceived to be the most correct text of the lectures first published in the 'Lancet,' comparing them with Mr. Tyrrel's edition, as far as it extends, together with his own MS. notes, and those kindly furnished him by his friends. 2. The diseases of the testis are illustrated by highly finished engravings, both of the morbid and healthy structure, preceded by the descriptive anatomy of those organs from Sir Astley's work on the testis. 3. The descriptive anatomy of hernia, with coloured drawings. 4. The diseases of the breast, with their morbid appearances. And 5. Dislocations and fractures will be fully illustrated in a similar manner."—Preface, vi.

The "Lectures" are chiefly on irritation, inflammation, suppuration, ulceration, acute and chronic abscess, granulation, ulcers, gangrene, injuries of the head, compression of the brain, wounds of the brain, wounds of the scalp, aneurism, hydrocele, diseases of the testicle, diseases of the breast, urinary calculi, lithotomy, operations for retention of urine, fistula in ano, polypus of the nose, paracentesis of the abdomen, hare-lip, and amputation; but the captions are by no means distinctive or precise.

The lithographs are fifteen in number, and well executed.

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[1] De Lapidis infernalis usu externo in Ambustionibus, Commentatio Medico-Chirurgica quam publico eruditorum examini submittit Cæsar Herzfeld. 8vo, pp. 43. Hamburg, 1835.

[2] The Principles and Practice of Surgery, founded on the most extensive hospital and private practice during a period of nearly fifty years: with numerous plates, illustrative both of healthy and diseased structure. By Sir Astley Cooper, Bart., F. R. S., Sergeant Surgeon to the King, formerly Lecturer on Anatomy and Surgery at Guy's and St. Thomas's Hospitals, now Consulting Surgeon to Guy's. Edited by Alexander Lee, M. A., M. D. Editor and Translator of Celsus de Medicina, &c. 8vo, pp. 490. London, 1836.

Cormack on Creosote.[1]

This short treatise is divided into two parts; the *first* comprising the chemical history of creosote, mode of preparation, &c.; the *second*, the history of those substances whose medicinal properties seem to depend on the presence of creosote, and the physiological and medicinal properties of creosote. We may hereafter reprint it in the "Library."

Professor N. R. Smith.—This distinguished surgeon has likewise withdrawn from the University of Maryland, so that there are now three vacancies in the medical department. Professor Smith's withdrawal is a serious loss. He possesses qualifications with which few are gifted. He is an able lecturer, well acquainted with every thing that has been done in his department, at home and abroad; fertile in resources, and an admirable operator. His professional services will not be lost, however, to Baltimore; one of his objects in retiring, we learn, being to devote himself to the duties of an extensive and augmenting practice.

Transylvania Journal of Medicine.—The editorship of this respectable journal has passed into the hands of Dr. Robert Peter, Professor of Chemistry in Morrison College, Transylvania University. "The medical faculty of Transylvania University will be its immediate upholders, and the College of Physicians and Surgeons of Lexington will materially aid by their valuable communications." The number before us, for January, February, and March last, bears ample evidence of the industry and capability of the new editor.

Great Dropsical Effusion.[2]—In a late number of the "Western Journal of the Medical and Physical Sciences," a case is given by Dr. J. B. Beall, of Missouri, of a man labouring under ascites, who was tapped ninety-six times, between the 18th of January, and the 13th of December, 1835; the operation being required every five or six days. The whole quantity of fluid disharged amounted to two hundred and seventy-five gallons and two quarts! The average daily secretion, in that period, being upwards of two pints and a half.

Transylvania Medical School and Professor Caldwell.—On a recent occasion[3] we expressed our regret that in consequence of dissensions that had arisen in the faculty, it had been deemed expedient by the trustees of Transylvania University, to remove all the professors, and go into a fresh election. Since that time, we have received Louisville journals and Lexington Intelligencers extra, full of crimination and recrimination, as well as the Transylvania Journal of Medicine,[4] avowedly upheld by the faculty of the University. From all these we learn that it has been considered right by the board to remove Professor Caldwell from his situation. In the absence of all the evidence, it is impossible for us to pronounce on the justice or policy of this unquestionably strong measure; weighty reasons ought to have existed before the trustees could determine to deprive the school of the services of one of the best read and most talented physicians of the day; and one who, we are informed, is as felicitous in the communication of his views to his class, as he is in recording them with his pen. There are few men, indeed, who are so favourably known abroad, as well as at home, as Professor Caldwell. At this moment we have under our eye an English advertisement of his "Thoughts on Physical Education," with notes by Robert Cox, and a recommendatory preface by Geo. Combe. Edinburgh, 1836. The defection of such a man—forced or voluntary—from any institution is an evil to be deplored.

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[1] A Treatise on the Chemical, Medicinal, and Physiological Properties of Creosote, illustrated by experiments on the lower animals, with some considerations on the embalmment of the Egyptians; being the Herveian prize dissertation for 1836. By John Rose Cormack, Member of the Royal Medical and Royal Physical Societies of Edinburgh. "My taste for dead bodies and every thing like *mummy* is decided." Carathis in Vathek. 8vo, pp. 154. Edinburgh, 1836.

[2] Transylvania Journal of Medicine, &c., for Jan., Feb., and March, 1837, p. 175.

[3] "Intelligencer," May 1, p. 55.

[4] Vol. X., No. 1, for January, February, and March, p. 164.

Graduates of the Philadelphia College of Pharmacy.—The annual commencement of this useful institution was held on the evening of the 8th of May.

Daniel B. Smith, President of the College, delivered an address on the occasion, and the degree of Graduate in Pharmacy was conferred on the following named young gentlemen:—Joseph M. Turner, thesis on Symplocarpus Fœtidus; John W. Simes, Solanum Dulcamara; Henry C. Blair, Hypericum perforatum; James L. Elliott, Magnolia Glauca; Gustavus Ober, Spigelia Marilandica; Robert J. Kennedy, Serpentaria Virginiana; Benj. F. Hockley, Iodide of Potassium; William Proctor, Jr., Lobelia Inflata; Thomas R. F. Mitchell, Veratrum Viride; John Goodyear, Neutral Mixture; Wm. L. Hasbrouch, Angustura Bark.

Diminution in the use of Calomel, in certain situations.—In our first number (p. 5) we gave some statistics regarding the rotation of medicines as indicated by the prescriptions in an extensive apothecary's establishment in Dublin, and we stated that they might suggest reminiscences to some of our readers, which might furnish interesting matter for the physicians of this country. A friend has informed us of a fact of this nature which fell under his own observation. Twenty years ago, a gentleman, then in extensive practice in Baltimore, was in the habit of using from sixteen to twenty half pounds of calomel yearly, this at least was the quantity furnished him by his apothecary; whilst at the present day the quantity dispensed or retailed in one of the most respectable and extensive *pharmacies* of this city—that of M. Durand—is not more than three pounds annually. One single medical practitioner of Baltimore, in other words, twenty years ago dispensed six or seven times as much as a *pharmacien* in full business of the present day.

NECROLOGY.

Dr. George Macartney Bushe.—This eminent surgeon, who has for some years enjoyed extensive practice in the city of New York, died of phthisis, on the 17th of April, in the 39th year of his age. Dr. Bushe came out to this country to fill the chair of anatomy in Rutgers Medical College; and on the breaking up of that institution he devoted himself to the practice of his profession, in which he obtained much celebrity, especially as a surgeon. A work of his on the diseases of the rectum has just been announced, but it has not yet reached us.

BOOKS RECEIVED.

From Dr. Henry Bronson.—A Report of the New Haven County Medical Society, on the expediency of repealing that section of the medical laws of this state, which excludes irregular practitioners from the benefits of law in the collection of fees. 8vo, pp. 16. London, 1837.

From Dr. J. M. Warren, of Boston.—The Boston Medical and Surgical Journal;—three recent numbers, one of which contains the details of his well planned and well executed rhinoplastic operation.

A Series of Anatomical plates in Lithography, &c. Edited by Jones Quain, M. D., late Professor in the University of London. Fol. fascicul. 45 and 46. Division II., Veins 3 and 4. London, 1837.

Guy's Hospital Reports. Edited by Geo. H. Barlow, M. A. & L. M. Trin. Coll. Camb. &c., and James P. Babington, M. A. Trin. Coll. Camb. &c. Vol. I. pp. 670. London, 1836.

Lectures on Subjects connected with Clinical Medicine. By P. M. Latham, M. D., Fellow of the Royal College of Physicians, &c. 12mo, pp. 322. London, 1836.

St. Thomas's Hospital Reports. By John F. South, Assistant Surgeon. Vol. I. 8vo, pp. 447. London, 1836.

Encyklopädie der Gesammten Medicinischen und Chirurgischen Praxis, mit Einschluss der Geburtshülfe, der Augenheilkunde und der Operativchirurgie. Im verein mit mehreren praktischen Aerzten und Wundärzten herausgegeben von Georg Friedrich Most, Doctor der Philosophie, Medicin und Chirurgie u. s. w. Zweite, stark vermehrte und verbesserte Auflage. Heft. 1, 2, 3, (A—*Dysphagia*). 8vo, pp. 576. Leipzig. 1836.

From Dr. Forbes of the "British and Foreign Medical Review."

Nervi Facialis Physiologia et Pathologia. Dissertatio inauguralis, &c., eruditorum examini submittit Bartholdus Gaedechens, Med. Chir. et Art. Obstetric. Doctor, Hamburgensis. 4to, pp. 50. Heidelbergæ, 1832.

Beschreibung und Abbildung eines neuerfundenen Künstlichen Fusses, zum ersatze des ober und unterschenkels. Von Margarethe Caroline Eichler. Mit 2 lithographirten Tafeln. 8vo, pp. 44. Berlin, 1834.

De Obscurationibus Corneæ, dissertatio inauguralis medica quam, &c. &c. publice defensurus est auctor Carol. Guil. Eduard Cæsar, Rhenano-Borussus. 8vo, pp. 32. Berolin, 1836.

Observationes Necrologicæ quas, ut locum in facultate medica universitatis litterariæ Fridericæ Guilelmæ rite obtinerit, evulgavit Fridericus Schlemm, Medicinæ et Chirurgiæ Doctor, in Universitate Litter. Friderica Guilelma Professor Publicus Ordinarius, &c. Cum 3 Tabulis æri incisis. 4to, pp. 22. Berolini, 1834.

Dissertatio inauguralis anatomico-chirurgica de Hernia Diaphragmatis quam auctoritate atque consensu gratiosi medicorum Heidelbergensium ordinis eruditorum examini submittit Hubertus Griffioen Stierling, Medic. Chirurg. Artisque Obstetric Doctor. 4to, pp. 16. Tabulis iii. æneis. Heidelbergæ, 1834.

Commentatio de hydrope ovariorum profluente qua viro excellentissimo, amplissimo, prænobilissimo Joanni a Wiebel Medicinæ et chirurgiæ doctori, archiatro regis Borussiæ, &c. &c. solemnia muneris semisecularia Calendis M. Octobris a. MDCCCXXXIV., celebranti gratulatur Ernestus Blasius Medicinæ et Chirurgicæ Doctor et Professor Halensis. 4to, pp. 20. Halæ, 1834.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. June 15, 1837. No. 6.

Art. I.—ON THE DANGER FROM VEGETABLE PUTREFACTION ABOUT OR IN FARM DWELLINGS.

BY JAMES MEASE, M. D.

My knowledge of the carelessness of farmers in permitting the accumulation, near their houses, of the materials whence malignant exhalations issued to the injury of the health of themselves and families, induced me to draw their attention particularly to the subject, in a paper inserted in the fifth and last volume of the "Philadelphia Agricultural Society's Memoirs." I therein referred to two cases of mortal fevers, which originated in Virginia and Pennsylvania, from vegetable exhalation in and near houses. At that time I was only able to state the general fact, but I soon after obtained the particulars, which I deem it important to communicate, as they will probably induce farmers to pay increased attention to the prevention of disease from the causes mentioned.

Case 1.—In the month of August, 1824, died at the house of John Palmer, Concord Township, Delaware County, Pa., the following persons:—Rachel Palmer, aged about sixteen years, Aug. 17th; John Palmer, aged eighteen, Aug. 23; Lewis Palmer, aged twenty-two, Aug. 27. Their disease was a malignant fever, which in the opinion of the attending physicians, Drs. Hammer and Marsh, and of the consulting physician, Dr. Jacques, of Wilmington, Delaware, originated from the following cause: An old building in a state of decay, which had formerly been long used for a milk house, and standing fifteen or twenty yards from the door of the dwelling, had been suffered to remain with several inches of water in the cellar, and the upper floor having been removed, the roof during many years served as a shelter for poultry at night, and they of course deposited their fæces in the cellar; to which were added rubbish of various kinds, weeds, and decayed logs. In the year 1824, the roof having been removed by decay or otherwise, the whole mass in the cellar was acted upon by the sun's rays, and emitted a highly offensive odour. The water of the well, which was situated between this ruin and the dwelling-house, also became offensive and unfit for use. Besides those who died, four more of the family were affected with the same fever, but having been taken to neighbouring houses, they happily recovered. The source of the disease having been removed, the family have since enjoyed good health.

For the above particulars I am chiefly indebted to the late Dr. Jacques.

Case 2.—Mr. James M. Garnett of Essex Co., Virginia, kindly procured for me the details of another case of malignant fever that occurred from the same cause as the preceding, in a highly respectable family in that state. The following letter was from the attending physician, Dr. R. Ludlow.

"Essex County, May 30th, 1826.

"Dear Sir,—I have just read Dr. Mease's letter to you, making some enquiries concerning the cause and nature of the disease which occurred at Blanfield, in the fall of the year 1822. He states that the disease was produced by the exhalations arising from a quantity of cedar or cypress shingles when exposed to the air, after having been stored for some years in the cellar of the dwelling-house. It is true that a quantity of shingles were stored in the cellar, but they were never removed, and, being perfectly sound, had, I believe, very little agency in the production of the disease. The cause, I think, is to be ascribed to the foul air of the cellar, which had not been ventilated for years. Dr. Clark informed me that he attempted to examine its condition, and that, having proceeded but a little way, he found the stench so intolerable that he was forced to retreat immediately. In a young lady it produced nausea and giddiness, and in another, oppressed breathing. When this was found to be the state of the cellar, orders were given to remove the offensive matters and to throw open the doors and windows immediately, and as soon as this was done almost every person in the house sickened. The offensive mass, which had been accumulating there for a long time, became by agitation more virulent, and seemed to fill the whole house with its poisonous vapours. Three sickened before their removal, seven directly after it, and one some time afterwards. Of the white persons, thirteen in number, who lodged at Blanfield House, including visiters, only two escaped. Several causes may be noticed, which had no small agency, in my opinion, in conjunction with the pent-up air, to render the exhalations from the cellar so exceedingly deleterious. These were,—age of the house; the spacious cellar, divided into many rooms, which were seldom opened, the entrance to it being by a long narrow covered way, built of brick, and so placed as almost entirely to exclude the air: the outer windows being of glass, which were never opened: the decaying wood, I mean the beams, door, and window frames, &c., in the cellar of so old a building, and which had been so much neglected: the dirty water, which I was informed the washer-women were in the habit of throwing there, and the offal of the garden, which the cook too was in the habit of depositing there,—were enough to produce all the mischief. Whether the report about the washer-women and cook is correct or not, I do not know, but certain it is, that the cellar was in a very dirty condition, and the smell from it exceedingly offensive.

"The disease was a high grade of remitting bilious fever, with derangee ment of the liver. Black vomit did not attend it. Three of the eleven cases terminated fatally. Neither of these cases did I see in the beginning. They were not treated as promptly as the others, and it is well known how important it is in a violent disease to apply the proper remedies in the very commencement. The cases which terminated favourably, were as I have mentioned, eight in number. They were bled largely on the first invasion of the disease, and this was repeated as often as the pulse indicated. The subjects of the fatal cases were not bled till after the lapse of three or four days. Calomel was given liberally, in combination with antimony, and in the advanced stage, conjoined with opium. Blisters were of course freely used, and, when the disease would not yield, mercurial ointment was added so as to affect the mouth. The disease was highly inflammatory as the treatment sufficiently indicates;—a hard, strong and full pulse, great heat of skin, and thirst, attended in some of the cases with excruciating pain. In the congestive form, however, there was neither pain, heat, nor thirst. The skin was cool, the pulse small, and the breathing oppressed."

Philadelphia, *May* 24*th*, 1837.

NOTE BY THE EDITOR.

The above are examples of the extremely deleterious character of terrestrial emanations under particular circumstances, but we do not consider them as by any means proving that such exhalations are the products of vegetable putrefaction. They merely indicate, that where a locality is already malarious, certain physical conditions may give rise to a greater disengagement of the "fitful pest." The steeping of hemp has generally been esteemed a most unhealthy process, and so it is, where the locality is malarious,—that is, subject to intermittent or remittent fevers, for it is to situations liable to those diseases that the term "malarious" is, in common parlance, applied; yet we have numerous examples to show that the process is not unhealthy in districts where these diseases do not prevail. At the foot of the southwestern range of mountains, in Virginia, a friend of the author cultivates it largely, yet no such effects as those represented are caused by it. In many parts of that salubrious district, intermittents are wholly unknown, yet at a few miles' distance they prevail annually. Can it be that there is vegetable decomposition in one case, and not in the other? In New England, again, intermittents are almost unknown. Marshes and mill-ponds may exist, yet the locality may be free from disease. The inhabitants of a malarious region, who have never lived in one that is not so, can neither readily comprehend nor credit this, but the fact is undoubted. Dr. Carbutt, of Manchester, England, has adduced an example of what we often meet with both in this and other countries. It strikingly exhibits how little we know of the terrestrial conditions that generate the malaria which produces intermittent and other diseases. "I have to remark to you," he observes, "that in the memory of the oldest medical practitioner living, and as far back as tradition can reach, *there never was an ague caught in Manchester, nor within a considerable number of miles of it.* This fact is rather remarkable, as you know we lie upon four rivers, and one or two considerable brooks, besides being surrounded and traversed by canals innumerable. But do we never see the ague, then, in Manchester? O, yes; we see plenty of it. The poor Irish, who go in the autumn of the year to assist at the harvest in Holderness, Lincolnshire, Cambridgeshire, Essex, and other places, come, many of them, to winter in Manchester, and the first east wind that blows in February or March brings out the first paroxysm of that ague which they had caught in the autumn, but which had lain undeveloped and unsuspected in the system until aroused by such weather as we generally have in February and March."[1]

Every fact and argument confirms us more and more in the conclusion at which we arrived when canvassing the subject of terrestrial emanations on another occasion,—"that a great and everacting cause of the difference of salubrity of countries is seated in the locality; that is, in the soil that forms them, and in the air that circulates above them; and although we may be able to modify the condition of the former, and improve the circulation of the latter, we can rarely succeed in annihilating either of those influences."[2]

ART. II.—ICHTHYOPHAGOUS TRIBES.

There are many nations of the globe that are wholly ichthyophagous; and many tribes in antiquity were designated—from their food—"Ichthyophagi." Such tribes are generally in a state of great moral and physical abjection. Content to subsist on fish left behind after inundations, or with the slender efforts required in catching them, they are usually indolent and debased;

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[1] Clinical Lectures in the Manchester Royal Infirmary, p. 193. London, 1834.

[2] On the Influence of Atmosphere and Locality, change of air and climate, &c., on human health, p. 149. Philadelphia, 1835.

but they multiply like the poor inhabitants of Ireland—who are equally contented with a miserable supply of food and clothing—to an extent not witnessed where the customs of society require more exertion for the maintenance of a family. It is wisely remarked by Mr. Gallatin,—in a most interesting paper recently published, and entitled "A Synopsis of the Indian Tribes within the United States, east of the Rocky Mountains, and in the British and Russian Possessions in North America,"[1] a copy of which has been kindly presented to us, on behalf of the distinguished editor, by the excellent and venerable philologist, Mr. Duponceau,—that "a greater and more uniform supply of food is afforded by fisheries than by hunting; and we find, accordingly, that the Narragansets of Rhode Island were, in proportion to their territory, the most populous tribe of New England."

A limited view of anthropology has caused this multiplication of the species in ichthyophagous tribes to be ascribed to the spermatopoietic properties of the diet. "The like is written," says a distinguished writer in the quaint style of his day,[2] "of St. Genevese, the holy maid of Paris, who (like the Egyptian phrophetess) abstained wholly from flesh, because it is the mother of lust; she would eat no milk, because it is white bloud; she would eat no eggs because they are nothing but liquid flesh. Thus pining, and consuming her body both against nature and godliness, she lived in a foolish error, thinking flesh more ready to inflame lust then fruit or fish, the contrary whereof is proved by the Islanders, Groenlanders, Orites, and other nations, who feeding upon nothing but fish (for no beast can live there for cold), yea, having no other bread but what is made of dried stock-fish, grinded into powder, are nevertheless both exceeding lecherous, and also their women very fruitfull. Yea, Venus, the mother of lust and lechery is said to have sprung from the fome of fish, and to have been born in the sea, because nothing is more availeable to engender lust than the eating of certain fishes and sea-plants, which I had rather in this lascivious age to conceal from posterity, then to specifie them unto my countrymen, as the Grecians and Arabians have done to theirs," &c. &c.

A much later writer inculcates the same idea. "We see more children," says Tourtelle, "in sea-ports than any where else. The population is immensely great in Japan and China, where scarcely any other kind of food is ever met with, so that the founders of religious orders, as Montesquieu has judiciously remarked, who are desirous of subjecting their unhappy victims to the impracticable law of chastity, totally failed in their object by prescribing the constant use of fish."[3]

ART. III.—ON BLISTERS IN LOCAL INFLAMMATIONS.

BY PROFESSOR J. E. COOKE, OF TRANSYLVANIA UNIVERSITY.[4]

Professor Cooke has recently detailed some cases of the successful application of blisters on local inflammation, with views of their *modus operandi*, which were read before the College of Physicians and Surgeons at Lexington, in November last. Several of the cases are not possessed of much novelty or interest, inasmuch as they were those in which, by common consent, either stimulants or revellents would be expected to be beneficial. In the swelled leg of lying-in women, Prof. Cooke reposes great confidence in the use of blisters, and "eruptions of the skin, called ring-worm," he says, "are immediately carried off by blistering."

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[1] Archæologia Americana.—Transactions and Collections of the American Antiquarian Society. Vol. ii. p. 37. Cambridge, 1836.

[2] Muffett, in Health's Improvement. London, 1655. p. 54.

[3] Elémens d'Hygiène, Tom. ii., p. 178.

[4] The Transylvania Journal of Medicine, for Oct., Nov., and Dec., 1836. p. 689.

"This remedy," he afterwards remarks, "has been so effectual in relieving, or rather removing, inflammations, that I have never resorted to cupping. It has left nothing to be desired in the treatment of most cases of local inflammation, when the action of the heart and arteries is moderate. If used before very high action is reduced, it is not always effectual, very often fails, and is sometimes injurious. After the action is reduced to a moderate state, or if the action is not immoderate in the beginning, no remedy is to be preferred for the single purpose of removing local inflammation."

An important practical consideration is involved in the question,—whether the efficacy of blisters is dependent upon the counter-irritation or the discharge. Professor Cooke maintains the latter view.

"I think," he says, "that observation will show the fact, that blistering-plasters act with more effect in relieving inflammation when they produce a very large discharge. It is a common observation, that when the relief has been perfect, the discharge has been profuse, and that the relief is imperfect and incomplete when the skin has been merely loosened, and the blister has not filled well. Moreover, when the plaster has produced a very red and angry looking surface, the patient is not relieved. An old woman had a very great pain in the knee, evidently proceeding from inflammation. I advised her to apply a blistering-plaster, which was done. It produced great irritation, the cuticle was raised over the whole surface, which was very red and sore, but the discharge was almost nothing. The pain was not at all relieved, and soothing warm fomentations were obliged to be used to promote a discharge. In correspondence with this idea it is well known that relief from a seton or issue depends not upon the irritation, but upon the freedom of the discharge. An issue that is very sore and shows great irritation is not as beneficial as one that discharges freely; and if it be much irritated, poultices, soft and warm, are applied to soothe the irritation and promote a discharge; so, in like manner, when a blistering-plaster is very sore and angry, such soothing applications are made, certainly for the same purpose, to promote a discharge, and certainly to lessen the irritation, not to promote it."

Our observation and reflection has led us to differ from the author in this matter. When we enquire, indeed, into the action of all the agents that belong to the class of revellents, we find that there are some, of most unquestionable efficacy, which are not permitted—if it can be avoided—to excite suppuration. We take, as an example, the moxa, which, thus employed, we have seen in our own practice, as well as in that of others, at home and abroad, produce the most beneficial results in many cases of deep-seated inflammation. The view of Professor Cooke regarding issues and setons is that of Mr. Pott,[1] and indeed of most of the old writers. It was the opinion of that celebrated surgeon, that the utility of caustics in the vertebral disease was entirely owing to the quantity of matter which they discharged, checking in some manner the caries, and giving nature an opportunity for exerting her powers by throwing off the diseased parts and producing by incarnation a union of the bones (rendered sound), and thereby establishing a cure; and that it was of very little importance towards the cure by what means the discharge was procured, provided it was large, came from a sufficient depth, and was continued for a sufficient length of time. Larrey, on the contrary, considers that the discharge from ulcers, formed by caustic, after the manner of Pott, is attended with bad effects upon the system, on account of the debility it induces, without producing the desired change in the vessels of the part.[1] In this view many therapeutists participate, whilst others, amongst whom we range ourselves, without joining in these apprehensions, conceive, that the establishment of the discharge can only be regarded as an evidence that the new local modification has proceeded to the due extent,—that the revellent action is properly established. We have, indeed, no hesitation in affirming, as the result of our own experience, that the intermittent irritation produced by the repeated application of blisters, has been more successful than the continued, produced by what are called "permanent" or suppurating blisters.

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[1] Works, iii. 455.

There cannot be a question, that too much irritation may be excited in the blistered part, and that irritative irradiations may proceed from it, and prove injurious, by adding, perhaps, to the inflammation, for the removal of which the blister was applied. In such a case there may be little or no secretion from the irritated surface, and although we may not agree with Professor Cooke in the beneficial agency of the discharge on the diseased condition, we regard a free secretion from the inflamed surface as an evidence that the revulsion is satisfactorily established, so that all the beneficial effects which such revulsion is capable of inducing may be naturally expected from it.

ART. IV.—MOTT'S SUCCESSFUL CASE OF LIGATURE OF THE RIGHT INTERNAL ILIAC ARTERY.[2]

Professor Mott has recently published a case of aneurism of either the ischiatic or gluteal artery, for which the right internal iliac was successfully tied. The patient was a man of colour, about thirty-eight years of age, who had worked in a grocery store. He first felt the symptoms of this disease in 1832, when he was affected with diarrhœa, with frequent tenesmus, during which he perceived a swelling and pulsation in the right buttock, which gradually increased until the time of the operation, the 29th of December, 1834. Dr. Mott then proceeded to tie the right internal iliac artery. The incision, which was fully five inches long, extended from a spot on a line with the umbilicus, about midway between the linea alba and the anterior superior spinous process of the ilium to within half an inch of Poupart's ligament, and then curved forward an inch over the course of the spermatic chord. The operation lasted about forty-five minutes, owing to the "almost irrestrainable intractibility and frantic restlessness of the patient." His great straining and jactitation caused Dr. Mott to make a small opening in the peritoneum, whilst separating it from the iliacus internus muscle. The peritoneum and intestines being drawn up and supported by a large curved spatula, the internal iliac artery was readily seen crossed by the ureter, which was easily pushed aside. The filamentous tissue was quickly separated by the fingers from about the vessel, and the ligature conveyed under it by the American needle. At the moment of tightening the knot the hand was applied to the tumour, in which all pulsation immediately ceased, and which itself almost entirely disappeared directly after. He was put to bed; took twenty drops of a solution of morphine, and passed a good night.

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[1] Mémoires de Chirurgie Militaire, iv., 369.

[2] The American Journal of the Medical Sciences, May, 1837, p. 13.

The case went on without the occurrence of any unpleasant symptom; on the 9th the sutures were removed from the wound, which was very much closed; and on the 42d day the ligature came away.

"After his recovery," says Dr. W. C. Roberts, who has communicated his case in the absence of Professor Mott, "the patient lived as a domestic in the family of the doctor (Mott), and has only just quitted it to become coachman to a gentleman of this city, being now, nearly two years afterwards, in perfect health; a sufficient evidence of the perfect success of the operation."

Art. V.—NECK OF THE UTERUS IN THE YOUNG FEMALE.

BY DR. MARC D'ESPINE, OF GENEVA.[1]

Now that the speculum is beginning to be so much employed by the obstetrician, in the examination of the diseases of the os and cervix uteri, it becomes important that the practitioner should be well acquainted with the condition of the parts in health, both in those who have and in those who have not been impregnated.

The following observations of M. d'Espine throw some light upon a subject, for the investigation of which we do not possess the same facilities as the physicians of continental Europe.

—

The neck of the uterus, examined by the speculum, in a healthy female, who has never been pregnant, has the form of a small nipple, longer or projecting more than it is broad at the base; situated at the bottom, and always a little above the axis of the vagina. Its colour is most commonly like that of the vagina, and varies between the pale rose, the rose, or violet rose shade. It is never vivid in a state of health. The orifice of the neck, in the healthy and nulliparous female, always has the form of either a triangular or round aperture, constantly of a very small diameter. The small vertical and horizontal diameters are always sensibly equal. The approximative dimensions may be estimated as follows: the diameter of the neck, at its base, rarely exceeds six to nine lines; the perpendicular let fall from the top of the neck to the base, which measures the projection, is commonly eight or ten lines. The diameters of the orifice are one or two lines.

This general description has some exceptions. Of twenty-five nulliparous females, examined once or twice by the speculum, twenty-two accorded with the above description, seven were exceptions. Of these last, the neck was in four cases large, and in three it was found but little prominent, or entirely flat. In two only, the orifice, instead of being round or triangular, was linear as if closed; but in these cases the cleft was only one or two lines, and always much smaller than it is found in women who have had one or more children, as we shall see presently; so that it may be said that the orifice of the neck—almost always triangular or round, very rarely linear—is constantly small, never more than one or two lines in diameter, in a woman who has never borne a child.

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[1] Archives Générales de Médecine. Avril, 1836.

Age does not appear to have a marked influence on the female and the dimensions of the neck; for in the seven exceptions there was but one woman above thirty years; whilst, in the twenty-two others, three had passed that age. The ratio of one to three is nearly that of seven to twenty-two.

If age does not of itself induce any modification perceptible by the speculum in the state of the neck, this is not the case with pregnancy.

When we examine the neck of the uterus of a woman who has had one or more children at the full term, we find it, in the first place, somewhat augmented in size, and more or less flattened, so that the diameters of the base are always sensibly greater than the perpendicular which measures the projection. It has no longer the mammillary form, and may rather be compared, if not in size, in shape to a tartelet. As for the orifice, that which was the exception in the case of the nulliparous female becomes the rule. It is almost always linear, and scarcely ever has the round or triangular shape. The length of the cleft varies, but it is always at least three lines, and may be six or eight lines in its transverse diameter; in one case I have seen it an inch. Sometimes this line is straight and transverse; at others it is sinuous and jagged.

There does not exist much difference between women who have had one, and those who have had several children. The neck is more or less large; the orifice, always either linear or sinuous, is more or less lengthened; but in many primiparous females the orifice is found as long as in certain others who have had successively two, three, four, five and six children. In general, however, it is correct to say, that the neck is smaller, and the orifice less, in proportion to the paucity of children.

Of twenty-two women who had been once or twice pregnant, and whose history I have in detail, four had miscarried once when I observed them, twelve were delivered at the full period, eight had had two children, three had had three, and four a larger number.

If we except the first class of females, in each of the following classes we find the orifices of the neck measuring four and five lines. The woman, who had had only one child, had a linear orifice six lines long; whilst a woman who had borne four children, had one of four or five lines; a woman who had had eight children, however, had a uterine orifice an inch in diameter.

Thus, although, as a general rule, the neck is larger and more flattened, and the orifice more linear and broad in proportion to the number of children, the law is not mathematical, and, doubtless, other causes may act concurrently with that law, such as the circumstances of the labour, the size of the child, &c. Examination by the speculum exhibits, therefore, more marked differences between the woman who has not borne children, and her who has had one, or who has had several.

There is an approximation between nulliparous and primiparous females; I mean those who have been pregnant but once, and have been delivered before the full period. Four women in thirty-two have been in this category. In one, the date of whose miscarriage is not indicated, the neck was small, and by the speculum all appeared to be in the same state as in the nulliparous female. The three others miscarried at six months, one at three months, and one at two. In all three, the neck was of mediocre size, nipple-shaped,—that is prominent. In the three first the orifice was elliptical, in the two others linear,—the line, in the last, being irregular or jagged. In the three cases, the diameter was about two lines.

This small diameter of the orifice, which was never met with in those who had had children, as well as a slight augmentation in the size of the neck without change of its shape, appear to me, when taken together, to be the two best signs for discriminating this mixed state between the woman who has never conceived, and her who has had a child.

Of eighty-three women, the description of whose cervix uteri as seen by the speculum, I have preserved the description, six were pregnant, and in three of these only is the description in sufficient detail. In those women the neck was more or less enlarged and soft, and the lips were tumefied. In two of them, the orifice was so dilatable, that a tolerable sized pencil could be readily introduced into it. This last character seems to me especially worthy of consideration, since it was not perceptible in any of the seventy-seven other women, who were not similarly circumstanced.

Lastly, to exhaust the subject, it remains for us to enquire into the value, as a sign, of the sinuous or jagged state of the orifice. On comparing, in our notes, this condition with that in which the orifice has the shape of a straight transverse line, we discover, that these two shapes are met with equally in women who have had but one miscarriage, or one or several *accouchemens.* But the proportion of sinuous orifices appears to augment a little as we pass to women who have a greater number of children, so that, from the jagged or sinuous state of the orifice, we may infer the probability of a greater number of previous labours. It might, however, happen, that difficulties in the accouchement, or accident, might determine this sort of lesion of the neck in the first labour, and even in the first abortion. Thus the female, cited above, who had aborted but once, [and that occasioned by a kick in the abdomen, had a small orifice, it is true, but jagged or irregular.

Such are the results as regards the diagnosis of previous gestations. deduced from a collection of one hundred and twenty cases, or notes which I have kept from periodical and regular examinations with the speculum, made at the *Hôpital des Vénériens*, of which I was *interne* during the year 1832.

They appear to me of sufficient interest of themselves, and deserve to be verified by other observers. I know well, that the "touch" affords many valuable diagnostic facts on these very questions; but it will be admitted that it leaves many points too vague to prevent us from eagerly seizing this new method for confirming them. Examination by the speculum will aid "the touch," as auscultation aids percussion in the diagnosis of thoracic affections.

A good account by the woman examined is doubtless a more sure, or at least as sure, a means for arriving at a knowledge of all the circumstances relative to her past life as the touch and the speculum united; but there are medico-legal cases in which the testimony of a female and of those who surround her becomes suspected, and which require the aid of all the medical means of exploration that we possess.

ART. VI.—NUMBER OF SUICIDES IN ENGLAND AND FRANCE.

Fifteen years ago, it was a universal opinion in France, that the proportion of suicides was much greater in London than in Paris; and the idea prevailed extensively that such a thing as a "hanging month"—the month of November, which is generally dank and gloomy—had some foundation in fact. A cursory comparison of the bills of mortality of London and Paris had at that time convinced us, that the ratio of deaths by suicide was greater in the French than in the English metropolis. This opinion we were in the habit of expressing, amongst others, to our estimable friends, now no more, MM. Georget and Miquel, and to M. Amédée Dupau, the excellent editor at that time of the *Revue Médicale*, but we could gain no proselytes.

In a late French journal[1] we find the following note, showing that sentiments are beginning to change with the weight of evidence.

"We read in a statistical note on England, published in the *Bibliothèque* of Geneva, from the mortuary registers of London, that classic land of suicide, that the number of suicides has diminished there so much, that in 1834 and 1835 together, there were only 83; which, in 43,094 deaths, makes 1 suicide in 519; whilst at Paris the ratio is 1 in 100. We have compared these calculations according to the scale of suicides given by M. Dupin, with the picture of mortality in France, given by the "Bureau des Longitudes," and have found it correct. This is one of those aberrations, which the human mind cannot conceive, and which, however, is owing to a number of causes, which it would be of the highest importance to comprehend."

ART. VII.—SYMPTOMS OF TYPHOID FEVER WITH VERY SLIGHT AFFECTION OF THE DIGESTIVE TUBE.[2]

The following case, which occurred at the "Hospital la Charité," under Professor Andral, is elucidative of a subject on which some observations were made by us in the first number of this journal.[3] We give also the preliminary remarks of the reporter.

"It has been much debated, in recent times, how far the aggregate symptoms that characterise typhoid fever should be considered as the constant result of inflammation of the digestive tube, and in particular of that of the intestinal follicles.

"The following case appears to us deserving of publication, as calculated to throw some light on this important question. Not only did it present the symptoms of typhoid fever, but these symptoms succeeded each other in the order in which they appear in the course of that disease. It was in truth a case of dothinenteritis, by the nature of the functional disorders, their succession and catenation; and yet, after death, the digestive tube was but slightly affected, so slightly, indeed, that the appearances were incapable of accounting for the morbid phenomena observed during life. The slight development of the follicles may be regarded as one of the elements of the disease; it could not be esteemed the cause; but besides this there was a serious disorder of quite another kind; this was a considerable abscess, suddenly formed behind the pharynx, and the obscurity of the lesion, and the difficulty in the diagnosis, are circumstances that add to the interest of the case. Was this abscess the cause of the typhoid fever? or was it only a secondary lesion, one of the elements, like the very slight intestinal affections found on dissection, and did the fever make progress accompanied by these different lesions without being caused by any? These are so many important questons, which we are satisfied with proposing, and which we subject to the reflections of observers. The case will at least prove, that every thing is not settled as to the *rôle* which gastro-intestinal affection plays in typhoid fever.

"In the ward St. Louis, No. 38, lies Leger, an attendant upon the baths, who has resided in Paris for the last two years. In the last five years has enjoyed good health. Had eight months ago an affection of the throat; has been sick for four days. Had slept in the sun; awoke with considerable headache, irradiating chiefly towards the nape of the neck; at the same time he complained of anorexia, diarrhœa, and indisposition. On the following night headache and agitation.

"The next day and the day after, continuance of the same symptoms, and, in addition, affection of the throat, which came on without chills.

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[1] La Lancette Française. Mai, 1836.

[2] Bulletin Clinique. Août, 1836.

[3] P. 10—On Typhus and Typhoid Fevers.

"*State on the* 2*d July.* Face moderately flushed; forehead somewhat warm; cephalalgia disappearing by rest; slight confusion, no vertigo, nor tinnitus aurium; epistaxis (he is subject to it). Day before yesterday, feeling of debility and fatigue; no pain in the joints; tongue dry, red at the tip, white coat at the centre; great thirst; anorexia. The tonsil of the left side is a little increased in size; redness of the pharynx and velum palati. Externally, swelling more marked on the left than the right side. Pain in deglutition, especially of drinks; bowels slow; but abdomen supple, without any tympanitic distension; three evacuations this morning; no spots on the skin; pulse 84; respirations 28 in the minute; skin hot yet moist; no palpition; sound normal in the region of the heart; slight degree of impulsion; has been subject to cough for several years; respiration good on both sides in front; some bubbles of mucous rattle behind; sound normal on both sides; saliva slightly alkaline. (Bleeding to four cups; pectoral infusion; diet.")

On the third, fourth, fifth, and sixth of July the disease continued in much the same way.

"*July* 7*th*. Erysipelas confined to the right ear; tongue red, clammy, covered with a white coat, with a brownish crust in the centre; thirst somewhat considerable; little appetite; no nausea or colic; two evacuations; belly supple, but indolent; pungent heat of the skin; no persistent patches of sudamina; pulse 112; respirations 32; pulse developed, tense, and somewhat hard; no pain in the throat; teeth dry; white coat on the lower gums. (Seidlitz waters, a bottle; lemonade; diet).

"On the 8th of July, the erysipelas continues and has invaded the whole of the right cheek and a part of the forehead of the same side; general dejection; prostration; immobility of the limbs and trunk. Tongue extremely dry, raspy, red, horny at the edges, with a crust at the centre; lips very dry and with a crust in some parts; teeth dry and a little fuliginous; same coat on the lower gums; evacuations abundant; abdomen natural as to shape, supple, indolent; persistence of sudamina; no spots on the abdomen; pulse frequent, 106; skin dry and burning hot. The patient is much worse than yesterday. (Pectoral infusion; sinapisms to the feet.)

"*July* 9*th*. The erysipelas has extended towards the lower part of the face; the right eyelid is greatly tumefied and fallen upon the eye; four evacuations yesterday; pulse 120, developed; skin burning hot; respirations 32. (Bleeding to three cups.)

"*July* 10*th*. Clot small, retracted, of ordinary consistence, and covered by a thin buff with raised edges; serum abundant. In the night delirium; this morning stupor; the erysipelas has not increased; the cheek has sunk a little; tongue very dry, incrusted; teeth dry; persistence of the sudamina; appearance of fresh sudamina on the abdomen; the spleen passes a little below the false ribs. No tympanitic affection of the abdomen; several evacuations; pulse 142; respirations 20, very loud and sounding in the larynx; pulse weak, the artery as if empty; anteriorly, the sibilant *râle* in several parts of the chest. (Lemonade, two pots; mucilaginous mixture; sinapisms to the legs; diet.)

"*July* 11*th*. Violent delirium all night; application of the strait waistcoat; continuance of the diarrhœa; painful condition of the whole abdomen on pressure; but little heat of skin; continuance of the mucous *râle* at the anterior part of the chest; pulse 140; respirations 20; continuance of the tumefaction of the left tonsil. (Same prescription—several cataplasms to the abdomen.)

"*July* 12*th*. Delirium yesterday in the day; slight delirium in the night; two liquid evacuations; state of stupor and prostration considerable; tongue very dry, cleft, brown; the erysipelas has entirely faded; the left tonsil continues to be slightly tumefied; abdomen very flat; always a little painful; pulse 140; respiration 28; pulse small and feeble; respiration very high. (Lemonade, two pots; several cataplasms to the abdomen; sinapisms; mucilaginous mixture; diet.)

"*July* 13*th*. Tongue extremely dry, cleft, brownish; prostration complete; pulse 132, small, filiform; one evacuation; but little delirium in the night; respiration much accelerated, laborious, very profound; behind, the mucous *râle;* to the left, subcrepitant *râle*. The patient is very ill. (Same prescription.)

"*July* 14*th*. He died in the night."

The dissection is given at considerable—at unnecessary—length. We shall extract that part only which relates to morbid appearances; these were chiefly in the abdominal viscera and throat.

"The *liver* was large, but healthy; the gall-bladder distended by blackish bile, of healthy consistence; inner membrane of the gall-bladder healthy. The *spleen* was of considerable size, nearly double what it ought to be; the colour of its tissue was not deep, and its resistance was rather increased than diminished. The *pancreas* was healthy. The mucous membrane of the stomach was every where of proper consistence and thickness; it was a little injected towards its great cul-de-sac, and more so around the cardia. Towards the pylorus it had a slight slaty hue. The *small intestine* was filled by a darkish green matter, which became more and more thick as it approached the large intestine. Throughout its whole extent, there was alternately a zone of a brownish red and another of healthy white. These zones were about one or two feet in extent, and the red portion seemed to be *cadaveric*, especially as the mucous membrane presented no change in thickness or consistence; towards the end of the small intestine, however, the redness became more vivid and more general, and it was at least doubtful whether the redness was there cadaveric. In the whole extent of the small intestine numerous veins were apparent under the mucous coat; this venous injection likewise existed in the mesentery, and in the greater part of the abdominal organs. Setting out at about the middle of the small intestines, some patches of Peyer, more or less developed, began to be met with, presenting different characters. When carefully sought for, twelve or thirteen were counted as far as the cœcum. They were one or two inches long and about four lines broad; but some, the greatest number, were so little prominent that they were discovered less by the projection than the interruption of the valvulæ conniventes of the intestine on their level. They did not, moreover, exhibit any change of colour. Others of them were decidedly prominent, but without alteration of colour. Their surface was nipple-shaped and slightly swollen. Their number held the medium between the preceding and the following. Lastly, four of these patches were more prominent; tumid, likewise, at their surface like the preceding, and of a vivid red colour.

"As regards their arrangement, they were not, as might be believed, more and more changed as they approached the cœcum; for, commencing at the uppermost extremity, the second patch met with was red and tumefied; the two following were scarcely changed; the fourth was likewise red and tumefied; and a last red patch existed near the cœcum. None of these patches were ulcerated.

"The *large intestine* was healthy, if we except a reddish hue of its mucous coat, which appeared to be the result of cadaveric alteration. The appendix vermiformis exhibited no morbid change. The kidneys were healthy. The bladder and ureters were not examined.

"On the neck being dissected so as to separate the trachea and œsophagus from the cervical vertebræ, commencing at the lower part of the neck, a copious purulent collection was met with, bounded anteriorly by the pharynx, posteriorly by the vertebral column, and beneath the tonsil from which it was separated by an aponeurosis, and ascending to the basilary process, and inferior surface of the petrous portion of the temporal bone. The pus which it contained was thick, yellowish, and of good character."

ART. VIII.—ON TUMOURS OF THE BRAIN.

BY PROF. J. F. H. ALBERS, OF BONN.[1]

The author of a long paper, entitled "Tumours of the Brain" (Die Geschwülste des Gehirns), has deduced, from a comparison of his own observations with those of Abercrombie, Andral, Lallemand, Nasse, Bellmer, Jacobi, Rhodius, Kramer, Kalow, Püllen, and Burdach, the frequency of tumours in different parts of the brain to be as follows:—

In the circumference of the brain	52
In the gray substance of the large hemispheres	53
In the medullary substance of do.	34
In the corpus striatum	2
In the thalami nervorum opticorum	9
In the corpora quadrigemina	1
In the right lateral ventricle	12
In the left do. do.	3
In the lesser brain—gray substance	22
" " " medullary substance	22
In the corpus callosum	2
In the medulla oblongata	4
In the pons Varolii	11
In the apophysis cerebri (tuber annulare).	10
Total	237

From this table it would appear that the greater hemispheres, the circumference of the brain, and after these the cerebellum, are the most common situations for tumours.

Professor Albers enquires at some length, in the paper before us, into the different kinds of tumours which can occur in the brain.

ART. IX.—HUGE DOSES OF SULPHATE OF QUININE.

BY DR. THOMAS FEARN.[2]

Some of our western brethren have been distinguished for the immensity of their doses of agents, generally regarded *heroic*. The former professor of the theory and practice of physic in the Transylvania school, rendered himself famous for his teaspoonful doses of calomel; his highly respectable successor will be celebrated for the like doses of the sulphate of quinine.

The following case exhibits Dr. Fearn's mode of employing the article in malignant remittents.

"When, in March 1836, Col. Parker was put upon the use of quinine, he had been labouring under bilious pleurisy for about eight days, had been bled several times freely, taken one or two emetics and been purged repeatedly with cathartics, containing calomel, which had brought away large quantities of dark vitiated bile. But notwithstanding these remedies, the symptoms of the case were more aggravated. The fever recurred, with parched tongue, delirium, difficult and bloody expectoration, with pain in the chest so violent as to make him cry out at every recurrence of the cough.

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[1] Journal der Chirurgie und Augenheilkunde. 23er Band. Drittes Heft. s. 346.

[2] The Transylvania Journal of Medicine, for Oct., Nov., and Dec., 1836. p. 705.

"Although the fever had no time since the outset intermitted entirely, yet for the last few days, it was thought the remissions had assumed the tertian type; and upon consultation it was concluded, should the patient survive until another remission, *sulphate of quinine* should be resorted to in decisive doses, under the firm conviction that another paroxysm would terminate his existence. I waited through the night for the expected remission; and when I believed there was as near an approach to apyrexia as would occur, although the pulse still remained about 100 in a minute, and the skin above the natural temperature, I gave him, at one dose, three teaspoonfuls of the medicine, (a measure which was subsequently ascertained to weigh 32 grs). At the end of an hour there was a diminution in the frequency of the pulse;—the invariable effect of *large* doses of *quinine* when its operation is favourable. Another dose of similar size was now administered, and a still further reduction of the pulse was observed, at the end of the next hour, accompanied by a 'ringing in the ears.' The same dose was again repeated; making 96 grs. in two hours. The case was then left in the care of Dr. Michie, the attending physician.

"The patient was not again seen by me during his illness, but my partner, Dr. Erskine, visited him the second day after, when he learned that several other smaller doses of quinine had been given after my departure, during that and the succeeding day, amounting, probably, to 30 grs. more. He found Col. P. almost *blind*, but in all other respects much improved. The fever had recurred; his recovery was not rapid, but was gradual and steady from this period.

"In administering quinine in remittent fever, our practice had usually been to give three doses of 20 grs. each, with an interval of an hour between; and this quantity had never before been exceeded by me. The effects were, almost invariably, to reduce the frequency of the pulse, sometimes from 100 to 60, and even to 50, in the minute; to produce perspiration, ringing in the ears, partial deafness, and in two or three instances blindness, or obscurity or confusion of vision. These effects have never been known by us to be permanent, or to continue longer than a few days.

"I am asked whether I consider the action of quinine as *sedative?* My opinion is, that it acts more as a narcotic. In small doses it is most usually stimulant: but in large doses the stimulant effects are not obvious, if indeed they produce a sedative operation.

"In judging of the propriety of the course pursued in the case of Colonel Parker, it must be recollected that he had had, for several preceding years, repeated attacks of intermittent fever."

Some of the German writers—as Hensler—look upon the bark and its active preparation as tonico-paregoric (tonisch-paregorisch). We are satisfied that undue apprehensions are entertained respecting their exciting properties. We have remarked elsewhere[1] that we have often given the cinchona in the healthy as well as excited state of the system, without observing any increase of excitement, except in particular habits. Its action is manifestly exerted on the nervous system, and, through the impression it makes there, it may, and doubtless does, prove sedative, probably by revulsion. The observations, indeed, of such an experienced practitioner as Dr. Fearn, are sufficient to prove this; but it is scarcely questionable, in our mind, that a much less quantity of the sulphate of quinine would have been found sufficient, and that the surplus was a waste of the article; and the same remark applies to the enormous doses of calomel recommended by Dr. Fearn's predecessor and others in certain diseases.

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[1] General Therapeutics, p. 128. Philadelphia, 1836.

ART. X.—GUN-SHOT WOUNDS.

BY DR. LACHESE, FILS.[1]

Adjunct Professor of Legal Medicine at the Secondary School of Angers.

Professor Lachèse, having been called upon to depose on a question involving the subject of his paper, instituted a number of experiments, by firing at the dead body, to appreciate the phenomena at different distances, from which he arrives at the following results, first of all properly remarking:—

"Notwithstanding the difference that must exist between the physical properties of the living tissues and the dead, and the variations that might have been induced in these experiments by the quality of the firearms employed, and the quantity and quality of the powder and of the projectiles,—as I employed only the firearms that are in common use, as well as the different kinds of shot, powder, and wadding,—I think we are justified in deducing the following conclusions:—

"1. Whatever some authors may have assumed contrary to the opinion generally admitted, a discharge from a shot gun so near as to make but one hole (*faire balle*[2]), does not produce mischief of the same kind as that which results from a ball properly called, but it causes effects infinitely more serious and extensive.

"2. In order that a discharge of powder shall penetrate into the cavities, and make an external wound like that produced by a discharge of shot making but one hole (*faisant balle*), the gun must be of great calibre, be heavily charged, and there must be a distance of at least seven inches between the muzzle of the firearms and the body wounded.

"3. To produce with a shot-gun a single round aperture with regular edges, as if made with a punch, the gun must be fired at ten or twelve inches distance at the most. At from one foot to eighteen inches, this aperture has its edges torn by a greater or less number of shot, and a considerable number have entered in a scattered manner at three feet; there is no central opening, and at a greater distance the space covered by the shot is more extensive in proportion to the distance, the goodness of the firearm, the smallness of the charge, &c.

"4. If, instead of being discharged on a naked body, as we have so far supposed, the discharge takes place on a body covered with clothing, the same effects may take place, but not at the same distances; these distances should be less in proportion as the clothing is more numerous, thick, or consistent."

ART. XI.—PUNISHMENT OF QUACKERY IN FRANCE.[3]

It would seem that the authorities of France consider it advisable to proceed actively against the announcers and venders of secret remedies, in other words, to protect the people—with whom, after all, the fault of encouraging empiricism rests—against themselves.

In the month of July last, a sentence of the sixth chamber of correctional police of the Tribunal of the Seine had condemned the Sieur Giraudeau, *alias* de Saint Gervais, to six days' imprisonment and a fine of three hundred francs, for having announced secret remedies (the *Rob anti-syphilitique* and the *mixture anti-gonorrhéenne*).

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[1] Annales d'Hygiène Publique, &c. Avril, 1836.

[2] *Faire balle* means "to make a hole like a ball;" the discharge taking place so close that the shot have not scattered.—*Ed.*

[3] Bulletin Médical Belge. Nov. 1836.

This sentence, which went by default, was subsequently opposed by the Sieur Giraudeau; but as it was proved that he had been received doctor in 1825, and had announced an anti-odontalgic elixir, an ophthalmic ointment, and lastly, an anti-syphilitic rob and mixture; that he had copied the receipt of his rob from a pamphlet published in 1821 by the *pharmacien* Mousselot, that each bottle of the rob, which is sold to the public for twelve francs, cost him twenty four sous, &c. &c., the tribunal confirmed the judgment, condemning him to six days' imprisonment and to a fine of three hundred francs.

At the same time Dr. Albert Chaumonnot, better known under the name of Charles Albert, another celebrated syphilitic doctor, opposed a judgment passed against him by default, which condemned him to pay a fine of three hundred francs, for announcing secret remedies; these were his notorious *Bol d'Arménie*, and *Vin de Salsapareille.* M. Chaumonnot—a doctor of medicine and master of pharmacy—denied that he had invented any thing; and affirmed that his "Armenian Bole" was merely the *Argilla rubra* of the "Codex," a simple remedy; and his "Wine of Sarsaparilla" nothing more than an infusion of sarsaparilla in wine, in other words an *officinal remedy*, which the merest tyro could make as well as he. The tribunal, however, confirmed the first judgment, but reduced the fine, owing to the doctor's modest admissions, to two hundred francs.

ART. XII.—ON THE LOBELIA INFLATA IN INFLUENZA.

BY DR. CARTWRIGHT.

In the last number of a foreign periodical,[1] we observe a letter from Dr. Cartwright of Natchez, then in Great Britain, to Mr. Henry James Johnson, one of the editors of the periodical, in which he suggests the use of the lobelia inflata in the prevailing influenza, a disease, he says, attended with inflammation of the mucous membrane of the bronchial tubes, bearing depletion badly, and being most destructive to the old and the infirm. In this communication Dr. Cartwright affirms,

> "1st. That when the serous membranes of the chest are affected, tartar emetic and the lancet are worth all other remedies put together, and those cases which will not bear the lancet, will bear tartar emetic in considerable doses.
>
> "2d. But in those diseases affecting the mucous lining of the bronchial tubes, the lobelia inflata comes as near being a specific as tartar emetic and the lancet in pneumonia and pleurisy. As a remedy for asthma, you are of course acquainted with the virtues of the lobelia inflata. The observation that it holds a controlling power over inflammations of the mucous membrane of the lungs, has never, I believe, been announced to the medical world, and originated with myself."

Passing over the question of originality, we may remark, that we should be disposed, from the results of our own observation, to doubt the superior efficacy of the lobelia in the cases referred to by Dr. Cartwright. It is a most valuable sedative, and as such has been extensively used in this country, both by the regular physician and the empiric, and although it has been more frequently administered in inflammatory affections of the lining membrane of the air passages, its sedative agency is equally exhibited in other phlegmasiæ. Dr. Cartwright is evidently disposed to esteem its operation "specific," yet we scarcely understand the application he gives to the term, as he considers blood-letting and tartar emetic to be such in pneumonia and pleurisy. In another part of his letter, he speaks of the lobelia as being, "for *inflammations and congestions* of the mucous coat of the bronchial tubes precisely what the lancet and antimonials are for inflammations of the serous membranes of the thoracic viscera." We confess, again, that we do not exactly comprehend what he understands by "inflammations *and* congestions." Does he mean in both cases active hyperæmia? or does he include, also, in the latter term, that accumulation of blood which occasionally takes place in the capillaries, owing to want of action in the vessels of return, the veins? If he assigns the term "congestion" to this condition, we do not see how a sedative, as the lobelia, can act equally well in it as in the condition of active hyperæmia, constituting inflammation. The term "congestion" is too often used in our descriptions without any clear or definite acceptation; and they who are most in the habit of employing it, are commonly unable to define exactly either what they wish to convey by the term, or the precise symptoms by which the presence of the condition is indicated. But if it be determined, with or without satisfactory reason, that such a fancied condition—"a congestion"—exists, no doubt is suffered to rest as to the treatment. The lancet in the opinion of most is indispensable; whilst others invoke some other antiphlogistic or "specific" agency.

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[1] Medico-Chirurgical Review, for April, 1837, p. 586.

For the reasons above-mentioned, the term "congestion," except in its old English sense of "collection or accumulation," is now rarely used by the best pathological writers.

ART. XIII.—FETID BREATH CURED BY ALUM.

BY M. A. CAVARRA.,

Doctor of Medicine and Philosophy in the University of Palermo.

The cause of fetid breath is far less frequently in the mouth than in the respiratory organs, where it is generally, perhaps, occasioned by an altered secretion from the follicles of the mucous membrane, rather than from any exhalation from the blood of the pulmonary vessels. It seems rarely to be connected directly with the state of the digestive organs.

Perhaps the most satisfactory treatment is to administer internally the chloride of soda, which, by continued use, may diminish an evil certainly very difficult of eradication.

The case related by M. Cavarra[1] was of the following description:—In the course of the past year, he prescribed six grains of calomel to a lady who was constipated, owing to the repeated use of some styptic substance. This dose caused salivation, for which alum was employed. The patient recovered, and, with the disease, a *fœtor oris*, so insupportable that it was impossible to stay in the chamber with her, disappeared. In many other cases of bad breath, a gargle of sulphate of alumina was employed with equally satisfactory results.

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[1] Bulletin Clinique, Août, 1836; in Encyclographie des Sciences Médicales, October, 1836.

This treatment is of course only applicable in cases where the fetor is caused by a morbid condition of the mouth and fauces. It can be of no use where the seat of the affection is lower down the gastro-pulmonary mucous membrane, as is almost universally the case.

The strength of the gargle, used by M. Cavarra, was *two ounces*[1] of the sulphate of alumina to *four ounces* of water. It is recommended to be used night and morning.

BIBLIOGRAPHICAL NOTICES.

Miescher on the Formation, Structure, aud Life of Bone,[2]

The dissertation by Dr. Miescher "On the Formation, Structure, and Life of Bone" is an admirable exposition of the present state of knowledge on the subject, united with the observations of the author himself, who is fully informed on the literature as well as the anatomico-physiological bearings of his topic. The chapters are:—1. On the formation of bone. 2. Observations concerning the structure of cartilage. 3. The intimate structure of adult bones. 4. Annotations and observations on the osseous tissue formed preternaturally in other textures. 5. Chemical composition of bone. 6. Parts, which, along with the osseous tissue, go to the formation of bone, as the periosteum, medulla, &c. 7. The vitality of bone. And, lastly, additional observations on the particles of bone containing lime.

The investigations of Arnold on the structure of bone and cartilage had not been published when the author wrote the body of his dissertation, but he refers to them in his preface. From the whole of his observations on the phenomena of ossification on man, the calf, cat, rabbit, squirrel, and mouse, he infers: *First.* That the formation of cartilage precedes that of bone. *Secondly.* That every ossifying cartilage is an organic texture, which is constituted of a like substance, more or less pellucid, elastic, at first almost colourless, and afterwards of a greenish white colour, having a multitude of peculiar corpuscles interspersed in the substance, which can only be seen by the microscope. *Thirdly.* In the conversion of cartilage into bone, the cartilaginous substance, which surrounds the corpuscles, becomes first changed. It follows, *Fourthly.* That the structure of bones is at first alike cellular or vesicular, and that the medullary cells or canaliculi appear later and are secondary. *Fifthly.* The ossification of an ossifying cartilage is an evolution, which cannot be accurately defined.

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[1] Query—Ought not this to be two drams?—*Ed.*

[2] De Ossium genesi, structura et vita. Dissertatio inauguralis anatomico-physiologica, &c. &c. Die ix. M. Januarii A. MDCCCXXXVI, &c., palam defensurus est Auctor Fridericus Miescher, Bernensis, &c. &c. Beroli. 4to, pp. 77, cum tabulis.

Dr. Miescher quotes, from Schreger, the following as the proportions of the animal and earthy parts of bone:—

	Infants.	*Adults.*	*Aged.*
Animal matter	47.20	20.18	12.20
Earthy matter	48.48	74.84	84.10
	95.68	95.02	96.30

The proportions, however, differ in the different bones. According to Thilenius—in a dissertation on the chemical composition of bones, published at Göttingen, in 1823—the bones of the new-born infant, freed from animal matter by burning, left 57.59 per cent.; the vertebræ of the neck and back, 47.41; the clavicle of a boy, 63.26; the os frontis, and os parietale, 65.21; the petrous bone of the adult, 68.72; the bones of the extremities, 66.66; the ribs, 63.37; the frontal, femoral, occipital and inferior maxillary bone of an old person, 66.79.

Newnham on the Disorders of Literary Men.[1]

There is doubtless much good sense in this "Essay," but it dwells—needlessly, we think—upon the evils resulting from the exercise of the brain in intellectual operations. When such exercise is indulged at an early age, before the organs have attained their maturity, mischief may result, by the excitement of the encephalon giving occasion to hypertrophy of that organ at the expense of others; but we are satisfied that, except in such cases and in extremely impressible habits, intellectual labour, provided all collateral irregularities be avoided, is positively healthful, and such is the conviction of many attentive observers who have turned their thoughts in this direction. The want of exercise, of the proper allowance of sleep, and irregularities of diet, are the parents of most of those disorders that are ascribed to study.

To show the means by which the largest amount of intellectual exertion may be secured with the least possible injury to the physical and mental powers, Mr. Newnham recommends attention to the following admonitions. *First.* Seek after contentment and cheerfulness. *Secondly.* Introduce *order* into all your pursuits. *Thirdly.* Be especially watchful over the passions. *Fourthly.* Secure a frequent intermission and change of employment. *Fifthty.* Cultivate friendly and relative [?] society. *Sixthly.* Let a certain portion of each day be allotted to *bodily exercise.* *Seventhly.* Let a due proportion of hours be allotted to sleep. *Eighthly.* "The agency of air upon the animal economy is not to be forgotten; particularly with regard to its pressure, its purity, and its temperature." *Ninthly.* "One word on the subject of clothing—the literary man is generally chilly." Mr. Newnham therefore recommends flannel to be worn next the body, and that it should be kept *comfortably warm.* And *Tenthly,* He desires attention to regimen.

Whatever difference of sentiment may exist as to the mode in which the disorders of literary men are induced, there can be none as to the propriety of those inculcations. They meet the evil howsoever induced.

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[1] Essay on the Disorders Incident to Literary Men; and on the best means of preserving their health. Read before the Royal Society of Literature, Nov. 5, 1834, and dedicated by permission to the Lord Bishop of Salisbury. By W. Newnham, Esq., M. R. S. L. 8vo. pp. 36. London, 1836.

Dr. Thomas Miner's Address.[1]

A plain, unpretending, and sensible production, from a venerable practitioner. The address affirms—what by the way, we had previously every reason for believing—that the state societies, established with similar views to that of which Dr. Miner was president, have had great influence in promoting the respectability of the profession, and harmony amongst its members.

There is great good feeling and good sense in the concluding paragraph of Dr. Miner's address:—

> "I have great respect for the labours and exertions of our predecessors, without wishing, however, to indulge that excessive veneration for the past, or extreme apprehension for the future, which is common with many old men. Nor am I insensible of the great value of the present, and of the superior means, which we possess, for preventing, removing, or mitigating the moral and physical evils which are incident to humanity. I am not disposed, by any means, to consider that every thing, to be good, must have the sanction of antiquity. Every improvement is necessarily an innovation. Some changes must take place in accordance with the times, and new variations occasionally be introduced. Those upon the stage and in active life must be the judges of the wants of their age. I have but little apprehension, therefore, that our successors will not be able to manage their affairs upon as correct principles as those upon which our predecessors and we have founded and conducted our own institutions. With these views I cheerfully and confidently resign my small share in the direction of the Medical Society."—p. 12.

The address refers to the deplorable state of medical science in Connecticut before the establishment of the society, and vindicates the continuance of the inhibitory laws against empiricism.

Analysis of the first volume of the Transactions of the "Medical Society for Observation" of Paris. By DR. H. J. BOWDITCH, *of Boston.*

The following communication from Dr. Bowditch, the able and zealous editor of two of the most important works of the distinguished Louis, of whom he was the pupil and ardent admirer, is almost too long for our periodical; referring, however, as it does, to separate and distinct memoirs, the results of careful and systematic observation, we unhesitatingly publish it. We shall hereafter give an English version of some, if not of all, of the monographs.

Boston, May 10, 1837.

Dear Sir,—I recently received from Paris, the first volume of the transactions of the society for medical observation of that city, and as it contains some very valuable papers, and most perfect specimens of the numerical method of investigating disease, I am desirous of giving you a sketch of it.

In the preface we are informed of the origin and progress of the society, by which it appears that a few individuals, dissatisfied with the inaccurate methods hitherto pursued in medical literature, formed themselves into a society for the purpose of making the members of it good observers of the phenomena of life and of disease, and with the hope, likewise, of advancing medical knowledge. These persons chose M. Louis president for life of their society. They have since met every week to hear the recital of cases prepared, from actual examination of patients, by one or more of their number. After these cases have been read, each member has had the liberty of pointing out any errors or omissions that he may have remarked. The president, likewise, from time to time has proposed the solution of difficult questions, by appeals to actual observations made by members of the society; and from these questions have arisen two of the most important of the memoirs in this first volume, Nos. 3 and 5. In the following summary I shall make use of as few words as possible.

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[1] An Address to the Annual Convention of the Medical Society of Connecticut, convened at Hartford, May 10, 1837. By Thomas Miner, M. D., President of the Society. Published by order of the convention. 8vo, pp. 12. New Haven, 1837.

1. *By M. Louis. On the proper mode of examining a patient and of arriving at facts of a general nature.* This memoir contains an account of the numerical method. It is divided into three chapters. 1st. Containing the conditions, which, according to M. Louis, are necessary in order that an "*observation*," or in other words, a recorded case, may be fit for use in medical investigations. 2d. An account and defence of the numerical method. (In a note to this chapter there are some remarks made by Navier in the Academy of Sciences relative to the subject.) 3d. The author describes his mode of making tables, previously to writing upon any subject, and as illustrations he has given two tables, one from his notes on colica pictonum, the other from those on typhus. The whole of this memoir I have long wished to see published. It will give an idea of the intense powers of application which M. Louis possesses, and likewise afford an example of the manner in which writers of the numerical school compose their works.

2. *By M. Maunoir, of Geneva.*—It contains an analysis of all the cases of *cataract* which he saw in the ward of M. Roux, during four operating seasons. They are 121 in number. The author speaks of the *causes.* Sex has no marked influence upon the production of cataract,—61 males, 60 females. Age, and the hereditary nature of the affection, have a decided influence. About one sixth only of the patients were under 50 years, and but one fourth had parents affected with it. It commenced slowly in 52; suddenly in 10. *Symptoms.* A mist before the eye was observed in all; but in three fourths of the cases, other symptoms likewise occurred, the most common of which were muscæ volitantes. Of 55 persons, 45 saw better in the dark than in the light; of 45, 15 saw better those objects which were a little on one side of the axis of the eye, than those directly in the same line with it; 8 could see no better wherever the object was placed; 23 had remarked nothing peculiar in reference to this point. The pupil was regular and movable, and the sight was not entirely gone in almost every case. *Capsular cataract* is rare, it having been present in 5 only of 179 cases, in which extraction of the lens took place. M. Maunoir states that from these cases he was satisfied that Beer and Travers are incorrect in supposing that the capsular cataract can be always recognised. *Duration.* Mean time, in 47 patients, 5 years, 1 month, and 4 days. Men retain for a longer time the healthy eye (when one only is affected) in a good condition than women do. The mean time which was occupied in forming the cataract in the first eye, was 1 year 7¼ months in men; 2 years, 7 days in women; in the second eye, 1 year 4½ months in men; 2 years 14 days in women. *Results of the operation*, (extraction always): 73 patients out of 115 recovered sight; but of 179 operations 97 only were successful. Suppuration and secondary cataract were the most common causes of failure. *Prognosis.* Between 20 and 69 years, age had no perceptible influence upon the result; but above 70 years the results of the operation were less favourable. They were less so, too, in females than in males; those from operating upon one eye were less satisfactory than those from operating upon both eyes on the same day. The pricking of the internal angle of the eye, and lesions of the iris are rarely followed by evil; the most serious accident is protrusion of part of the vitreous humour.

3. *By M. Louis. On Emphysema of the Lungs.*—Ninety cases analysed (fifteen of which are due to the late Dr. J. Jackson, Jr., of Boston). This memoir is similar to those previously published by Louis in its general arrangement. He first speaks of the anatomical changes observed in the thorax,

viz. dilatation of the air vesicles, and occasionally hypertrophy of the heart. The former was sometimes so great that the vesicles were as large as peas in portions of the lungs; when the affection was general it prevented the lungs from collapsing when the sternum was raised. Louis thinks there is hypertrophy of the walls of the vesicles as well as dilatation. This affection occurs about as frequently in one lung as in the other; usually most marked at the anterior edges. Adhesion of pleura in thirty out of thirty-six cases; but Louis thinks, with justice, they were not owing to the emphysema. Bronchia well, usually. Tubercles in ten subjects; that is, they occur less frequently in subjects having emphysema than any other disease Louis has observed. The *heart* was enlarged in sixteen cases, owing in some measure, at least Louis says so, to the emphysema.[1] *Symptoms.* In examining these, he speaks first of those in persons who recovered, secondly in those who died. I shall mention the former merely, unless something different is observed in the latter to make such notice necessary. *Dyspnœa.* In forty-two out of forty-four; this sometimes commences with earliest childhood. *Form of chest.* Always more or less prominent, locally or generally. This prominence begins about the clavicles, and in one part, first noticed by our author, viz. *behind* the clavicles. This was observed in every case excepting one, noticed lately. The *sonorousness* of the chest on percussion augmented in all cases, save one where the muscles were large. No exception among those who died. Among the *râles*, Louis thinks the whistling or hissing (*sifflant*) may be somewhat peculiar to emphysema, though it does exist in other diseases. He does not allow that the subcrepitant *râle* or the "*râle crepitant sec à grosses bulles*" of Laennec is pathognomonic of this disease, but he thinks it owing to the acute catarrh, which frequently accompanies emphysema. *Pains* in the chest observed in fifteen out of thirty-two, owing, Louis thinks, to dilatation of vesicles. *Cough* in every case except one. *Sputa* frothy, like a solution of gum arabic, except during an attack of acute bronchitis, when they are greenish, opaque, and thick. *Palpitations* in twenty out of thirty-eight; but usually the dyspnœa commences before them. Œdema in ten out of forty, owing to hypertrophy of the heart. *Appetite* and *flesh* generally sufficient. *Diagnosis.* The importance of it, to distinguish it from phthisis. *Causes.* Little known.[2] Its hereditary nature is decided by Jackson's cases; eighteen out of twenty-eight had emphysematous parents. *Frequency* of this affection much greater than is usually supposed. *Treatment.* Of all remedies, recommended by Laennec, opium is the sole one which had much influence, and this afforded much relief at times.

4. *By M. Bizot. Upon the Heart and Arteries.*—Having been with M. Bizot for many months, whilst he was occupied in the investigation of this subject, I can bear witness to his untiring devotion in the study. The present memoir is worthy of all praise, and is one of the most important and satisfactory of the whole. One feels assured of having arrived at truth, and not mere opinion. It sometimes makes one smile to see how M. B. proves, by his statistics, the assertions of such men as Andral, Bichat, Richerand, &c., to be unfounded. It is almost impossible to condense the memoir, for already it is a summary. It contains the results of the examination of one hundred and fifty-six bodies, all the chief arteries of which were removed carefully and examined minutely. I will state some of the results of chap. 1st. The heart increases regularly in size from youth to old age; heart less in woman than in man; short persons have a larger heart than tall ones; heart larger according to breadth of shoulders; heart smaller in phthisis than in other diseases; this contrary to the opinion of Bouillaud and Bertin. (In this connection, M. Bizot destroys a common notion, that a narrow chest

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[1] May not this account for the frequent occurrence of emphysema and apoplexy in the same family. That this is the case was suggested to me by one whom I respect very much. It is worthy of attention.—*H. J. B.*

[2] I have seen two cases in which it succeeded measles.—*H. J. B.*

predisposes to consumption, as he has found by actual measurement, that the shoulders of phthisical patients are a little broader than of those not affected with consumption). Chap 2. Right ventricle larger than left, Andral *thinks* them equal. Chap. 3. Walls of left ventricle thinner in female than male; thickness of its walls increases from childhood to age, Béclard says old persons have thin walls; the *right* ventricle does not increase in thickness, but remains nearly stationary during life; maximum, two and a half lines. Chap. 4. Orifices all dilated with age, when healthy. Chap 5 and 6. Dimensions and forms of the different arteries. The latter is interesting; M. Bizot says that there are five kinds of forms, four consisting of combinations of cones, and one a perfect cylinder. Certain arteries tend to take one form, and others to take another; the popliteal is generally two truncated cones united at their bases; the radial presents most frequently the perfect cylinder. The second part treats of the acute and chronic diseases of the arterial system, in two chapters. 1st. M. Bizot has seen but one lesion primitively acute, viz., an effusion upon the lining membrane of the artery either general or local, having a smooth, transparent, jelly-like, albuminous aspect, sometimes a little red, at others pale. When this is general, very severe symptoms are observed, if we may draw any conclusion from three cases given by the author. In all of these, there was very intense fever, with œdema, without any symptoms in any large organ to account for the disturbance. The author calls this affection aortitis, but it differs much from the affection as described by Bouillaud and Bertin,[1] in its pathological state and the symptoms. In this connection Mr. B. criticises the works of these writers, and proves, from their own cases, their assertions, in regard to the pathognomonic signs of aörtitis, to be incorrect. 2dly. He speaks of diseases of a chronic nature from their commencement. These are divided into two, viz., those common to all the arterial system, and those peculiar to the arteries of the limbs. The first arise in little bodies about the size of a grain of sand, between the inner and middle membranes. These bodies unite, form patches, and terminate in ulcers and ossifications. The second are of two kinds,—1st. Similar to the little bodies just described, but they are situated in the substance of the middle coat of the artery. They gradually encircle the vessel, make it stiff and brittle; the calibre becomes larger; never ulcerates. 2d. A transverse division of the internal membrane; these at first are mere divisions but shortly they become coarse wrinkles. In the third part, the author treats of the origin of various affections of different parts of the circulating system; namely, white spots and fat on the pericardium; the influence of age upon the lining membrane of the heart. Mr. B. deduces from his facts that age has much influence upon the production of opacity in the left cavities, and he thinks Bichat is wrong in supposing the membrane to be different in the two in consequence of that of the left becoming opaque while the right never does; Mr. B. thinks it owing to the difference of the contents. Of one hundred and fifty-five patients, forty-four had communication between the right and left ventricles, the valve being not entirely closed, yet none of these had symptoms of diseased heart. A rupture of the sigmoid valves, either in small points or over a large surface, is observed most commonly between sixteen and thirty-nine years of age. As yet no marked symptom accompanies this affection. Sometimes the sigmoid valves are adherent to each other. The valves of the right cavities are much less frequently diseased than those of the left. The remainder of the memoir is occupied in the detail of the influence of age upon the different lesions of different arteries, their development, and with the account of a very remarkable law of symmetry, by which it appears, that when an artery is affected with any lesion (except the cartilaginous formation) the corresponding artery is similarly affected, and in the same part. There are many curious results which I wish to detail, but I forbear, on account of the length of this letter. I will merely state the general result to which he has arrived in regard to the law of symmetry. Out of 2171 cases of simple spots observed in the various arteries of the body, this law failed to exist but in 62. By combining these various laws, M. B. comes to the conclusion, that these various diseases of the arteries do not explain as fully as one could wish the occurrence of aneurism, and that the history of the origin of aneurisms needs further investigation.

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[1] Diseases of the heart and great arteries, by Bertin and Bouillaud.—*H. J. B.*

5. *By M. Marc d'Espine, of Geneva. On Orchitis.*—This is a valuable paper, but it does not pretend to display the long research of the preceding one. It is founded upon 30 cases. I shall quote from the summary of it given by the author. The disease begins with pain or with swelling in the testicle, generally the former. They increase for a time, never less than twenty-four hours, sometimes for twelve or thirteen days; and afterwards comes a gradual diminution for twenty or thirty days, and the swelling lasts sometimes two years. Commonly there are four regular stages: 1st, testicle is hard and smooth, so that we cannot distinguish the epididymis; 2dly, back and lower part becomes rough, front part more prominent; 3dly, after some few days the distinction between the lower and the upper part is very marked; 4thly, entire separation of the two, the epydidimis becoming of an almost stony hardness. *Resolution* may take place in either of these stages. Often, when the disease runs rapidly, both testicle and epididymis undergo resolution at the same time, but usually the testicle first, then the cord, and lastly the epididymis. A relapse does not necessarily retard the cure of the disease. *Febrile symptoms*, not always present; in one fifth of the patients they were entirely absent; they are in proportion to the pain. Orchitis, occurring in cases of blennorrhagia, not always dependent upon the sudden stoppage of the secretion from the urethra. In six out of twenty-nine cases, no change of the discharge, when orchitis began; in twenty-two cases it was diminished, increased, or suppressed, but either before or after the occurrence of orchitis; in three cases only was there an alteration of symptoms in the urethra and testicle, as usually described. *Prognosis* always favourable. *Treatment.* Leeches early employed diminish the duration. We may try to lessen the urethral discharge before orchitis is cured without fear of bad effects.

I have thus endeavoured to give you an analysis of the volume, but the work itself should be in the hands of every one who wishes to know the truth in regard to the practicability of applying statistics to medical investigations,—the principles of the numerical school,—and likewise to have important data upon all the subjects treated of in the volume.

With much respect I remain yours,
Dr. R. Dunglison. H. J. Bowditch.

The late Dr. Bushe.—We learn from a correspondent that the papers and correspondence of Dr. Bushe have been placed in the hands of Dr. G. S. Bedford, of New York, to be published for the benefit of his family. "The public may expect to have a faithful biography of this eminent surgeon, as well as a highly interesting and valuable work." Dr. Bushe's work on "Diseases of the Rectum" reached us too late for notice in the present number.

College of Physicians and Surgeons, New York.—One of the New York newspapers states, that Dr. Alexander H. Stevens, Professor of the Principles and Practice of Surgery in that institution, has resigned his chair; and that owing to the death of Dr. Bushe, and the absence of Dr. Mott, such an opportunity for success to a skilful surgeon has rarely presented itself before in that or perhaps any other city.

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ART. I.—CASE OF BRONCHITIS WITH INTOLERABLY FETID EXPECTORATION.[1]

BY S. A. COOK, M. D.

Buskirk's Bridge, N. Y., 25th of May, 1837.

Although it may be difficult to determine the exact pathology of the following case, or its proper place in a system of nosological arrangement, yet it possesses interest, not only from its severe and singular train of symptoms, but from its readily yielding to the plan of treatment which was eventually resorted to. I have seen two other cases of a similar character, both of which terminated in restoration to health, after several months of severe disease.

Sept. 14*th*, 1832. Henry Van Buskirk, aged thirty-seven years, house carpenter, of feeble constitution, has had cold chills, nausea, and a sense of fulness about the chest for several days. His respiration is laborious and wheezing; cough severe, by paroxysms, and perfectly uncontrollable by the will; each paroxysm is preceded by several involuntary respirations of extremely fetid gas, which always continue during its existence, impregnating the atmosphere of the room so as to render it almost intolerable to patient and attendants; expectoration slight; pulse full, not hard, rather frequent; bowels costive; tongue covered with a thin yellow coat, dry in the centre, with moist edges. *Prescription.* Calomel, 20grs., to be followed in six hours by ol. ricini, ℥ i.

15*th*, *A. M.* Cathartic has operated freely. Symptoms are much as yesterday, with the addition of a lancinating pain shooting from the left side immediately above the heart through to the right shoulder. Paroxysms of coughing have been very severe through the night. *Prescription.* Raised him in bed, and took eighteen ounces of blood from the arm; ordered ipecacuanha to nauseate him.

Evening. Pain has left him; is rather drowsy; countenance bad; sleeps with his eyes partly open, and his limbs in almost constant motion; pulse soft and full. *Prescription.* Pulv. Doveri, five grains every three hours.

16*th*. Has had a bad night; cough entirely paroxysmal.

22*d*. Since the 16th, I have aimed to keep the bowels soluble; have given pulvis Doveri during the nights; have applied a large epispastic to the chest; have occasionally given laudanum, and have used the tinctura sanguinariæ with some advantage. His symptoms are mitigated, though they maintain their spasmodic character, and are principally confined to the night, when he has a little fever. *Prescription.* Two grains of sulphate of quinine every four hours during the day; pulvis rhei to move the bowels.

27*th*. His symptoms have been on the decline until this afternoon, when, after sitting up and conversing about three hours, he had a paroxysm of uncommon severity, attended with profuse expectoration of very fetid matter; is much emaciated. *Prescription.* Fifty drops of laudanum, to be repeated in one hour should the cough continue; then to take thirty drops every three hours.

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[1] Dr. Cook will find that allusion is made to cases, similar to the one he has detailed, in the "Medical Clinics" of Bricheteau, and that we have added, in a note to that work, a brief notice of a successful case of the kind, which fell under our care during the spring of 1836, in the Baltimore Infirmary. Dr. Cook's case will furnish an additional reference to the work in question.—*Ed.*

28*th.* The cough was rather diminished by the second dose; expectoration about the same. *Prescription.* Sulphate of quinine during the day; tinctura opii during the night, as before.

29*th.* Cough increased during the night, but has subsided this morning; is very weak; pulse fluttering. On my return from visiting another patient this afternoon, I was informed that he was thought to be dying; I found that during my absence his usual paroxysm of coughing had returned, and continued without cessation more than three hours, when, exhausted by excessive exertion, he had fainted, and lay some time apparently dead. When he revived, it was only to continue his now incessant cough. My friend, Dr. Morris, had been called in, and had given fifty drops of the tinctura opii in a little wine, which, though it revived him, had no influence on the cough. The expectoration is very profuse, and is thrown from the mouth constantly by the cough, he having no power to control or direct it. It possesses all the fetor of the gas expired from the lungs during the early stages. It is similar to, though more concentrated than, that produced by mercury. Pulse frequent, weak, and fluttering. *Prescription.* Commenced giving him two grains of opium every three hours, with the tinctura opii—from 50 to 150 drops between each pill, as might be required to control the cough; also, the acetas plumbi in doses of three grains every six hours.

30*th.* The cough, since last evening, has been very slight; expectoration much diminished; has been obliged to take from fifty to one hundred drops of the tinctura opii between each pill.

Oct. 11. He continued to take the opium and acetas plumbi five days, when I stopped the latter, and diminished the opium one half; and as his bowels had not been moved for several days, I gave a cathartic. His cough increased; and, in the evening, when the cathartic operated, it had again assumed something of its spasmodic character. I immediately gave two grains of opium, and ordered it to be repeated every six hours; also two grains of the extractum conii between each pill of opium. From this time he continued to improve. He has at present no cough or expectoration; is able to walk about the house, and has some appetite. His recovery was without relapse. S. A. Cook.

R. Dunglison, M. D.

Art. II.—ADVANTAGES OF ECLECTISM IN MEDICINE.

In a recent valuable French medical periodical,[1] a writer under the signature S. S., has adopted the caption that "systems in physiology all turn ultimately to the profit of therapeutics," and he has entered into several—not, however, very lucid—remarks, to prove the position. He might have stated it yet more broadly. On a late public occasion, after recommending to the young physician to follow the more certain, although less showy, course of the eclectic, we stated our conviction, that from every system the philosophical enquirer may cull something useful.

> "In the history of medicine, as well as of empiricism, I know not a single system from which useful information has not been derived. The belief in the agency of charms, and of animal magnetism in its various shapes, and the cures doubtless effected by them, have attracted the attention of the

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[1] Bulletin General de Thérapeutique, Nov. 1836.

medical philosopher still more to the influence exerted by the *moral* over the *physique*, by the mind over the body. The cure by sympathy—the wound being carefully bound up, whilst the armatory powder or unguent was applied to the weapon that inflicted it—is supposed to have given the first hint to the surgeon to bring the edges of the wound together, and to unite them by what, you are aware, is called the 'first intention.' The mystery of the operations of St. John Long, and the mode in which his liniment produced its effects, have been recently unveiled by Mr. Guthrie, who found that its virtues were dependent on the mode in which the friction was managed, and not upon the liniment; inasmuch as when friction was made, in the appropriate manner, with soapsuds, exactly the same result supervened. The impunity, in some cases, with which a hardy class of empirics, common in every portion of the United States, push their stimulating practice, with the advantage accruing from it in others; and the good effects produced, in chronic ailments especially, by another set of practitioners, from their expectant method of treatment, have not been without their useful fruits. The latter, like the old *medicina expectans*, is truly 'the art of amusing the patient whilst nature cures the disease.'"

Art. III.—OPERATION FOR NÆVUS.[1]

BY MR. LISTON.

Mr. Liston has recently operated on a child twenty months old for a nævus, of the size of a pigeon's egg, on the face, near the nose. It had gradually increased to that size, was compressible, and filled speedily on the removal of pressure. The surgeon made a conical incision through the integuments covering the tumour, and carefully dissected back the four flaps so as to completely expose it. A needle, armed with a double ligature, was then passed through the base of the tumour, and another, in like manner, at right angles to the former. The needles being withdrawn, four ligatures remained, and were successively tied over the nævus, so as to comprehend the whole. Water dressings, at first cold, and afterwards warm, were applied. The case went on favourably, and the report, on the fourteenth day after the operation, was, that "the whole tumour had come away; the swelling was abating, and the edges of the integument gradually coming together."

Art. IV.—STATISTICS OF THE CÆSAREAN SECTION.

In a late number of the "Intelligencer,"[2] we referred to a successful case of this formidable operation by Mr. Knowles, of Birmingham, England. Instances of fortunate issue have been extremely rare in Great Britain, whilst on the continent the operation has been repeatedly successful.

In a recent number of a distinguished British periodical,[3] a case is detailed from a foreign journal in which the operation was performed three times successfully on the same individual. This female again became pregnant, and she has been operated on *for the fourth time*, with equally satisfactory results. The first operation was performed by Dr. Zwanck, of Eddelack;

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[1] Lancet, Dec. 31, 1836.

[2] For May 15, p. 70.

[3] British and Foreign Medical Review, No. 3, p. 270.

the second by Wiedemann, of Kiel; and the third and fourth by Michaelis, an abstract from whose communication, regarding the third and previous operations, is given in the journal cited. Dr. Edward Charlton, President of the Royal Medical Society of Edinburgh, who had the details from the lips of the operator himself, has recently published the whole history of this unique case.[1]

According to this gentleman, the number of Cæsarean sections on the European continent, from 1800 to 1833, was 110; 48 of which have been successful to the mother,—unsuccessful, of course, 62. Of the children, 67 were born alive; and 29 were dead on cutting into the uterus; this is ascribed to the delay of the operation. Since 1833, it has been several times performed on the continent. We have now before us the details of a successful case by Dr. N. Meyer,[2] Government and Medical Counsellor (Regierungs- und Medizinal-Rathe) at Minden, an abstract from which was given in a later number (No. 4. p. 568) of the "British and Foreign."

Dr. Charlton ascribes the great difference in the success of the continental obstetricians to the circumstance of their operating sooner. "When I perceive," he says, "in looking over the tables of the Cæsarean sections in Britain, given by Dr. Hull, that many, nay most, of the patients have been in labour six days, and some even ten or twelve, my only subject of wonder is, that any of the children should have survived. So much time appears in general to have been lost in disputing about the diameters of the pelvis, and through the reluctance the surgeons feel to relinquish their favourite *embryulcia*, that the patient's strength and spirits are exhausted, and she is already in a dying state ere the operation be determined upon."

The view embraced by Dr. Charlton is the only one that is tenable, and it ought to be borne in mind by every obstetrical practitioner.

ART. V.—NUX VOMICA IN DYSPEPSIA.

BY MR. MELLOR AND DR. MELCOMBE.

From communications by Mr. Mellor,[3] of Manchester, England, and Dr. H. S. Melcombe,[4] of York, it would appear that the nux vomica and its alkaloid have been employed by them successfully in dyspepsia. The latter gentleman states, that his "father prescribed the strychnos very generally and with almost constant success, in those forms of stomach affection denominated pyrosis and gastrodynia, particularly when the disease appeared to proceed from some morbid irritability of the nerves of that organ; and that he was preparing a detailed account of his observations upon this medicine, when he was attacked by a severe illness from which he never recovered."

Dr. H. S. Melcombe states, that he has given the strychnine in doses of one twelfth to one sixth of a grain, "with the same unvarying effect," and he recommends it to the profession as a serviceable and excellent remedy.

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[1] Edinburgh Medical and Surgical Journal, for April, p. 417.

[2] Neue Zeitschrift für Geburtskunde, herausgegeben von Busch, d'Outrepont und Ritgen. Band. iii., Heft 1, s. 49.

[3] London Medical Gazette, for March 4th, 1837, p. 850.

[4] Ibid. for March 25, 1837, p. 964.

ART. VI.—POLYPIFORM CONCRETION IN THE HEART.

IN THE PRACTICE OF THE EDITOR.

The following case of polypiform concretion exhibits, with others, that coagula, of the nature of those usually met with in the cavities of the heart on dissection, may form during life, and that the impediment to the circulation through that viscus may be indicated by physical evidences. The semi-organised condition of the concretion was probably owing to the existence of endocarditis or inflammation of the lining membrane of the heart, which facilitated the union between the fibrous portion of the blood and the endocardium or lining membrane of the ventricle; and gave occasion to the semblance at least of organisation, which the concretion presented.

The case fell under the author's care whilst physician to the Baltimore Infirmary, and was reported to him by Dr. Daniel McMeal, at the time resident pupil in the institution.

Peter Clows, seaman, admitted into the infirmary on the 25th of March, gave the following account of his case.

On the 20th inst., while apparently in perfect health, he was seized with severe pain in the head and vertigo, lasting for some time, and followed by intermittent chills and flushes of heat; great difficulty of breathing, arising, from his account, more from inability to expand the chest than from any particular pain experienced from the attempt. These symptoms continued until his admittance in this institution, when his case presented the following appearances. The tongue had a heavy and dark coloured fur; the eyes were much suffused, and with a yellowish brown tinge; skin hot; great general pain, accompanied with nausea and a considerable degree of languor; breathing very painful, added to a peculiar hitch in respiration; pulse laboured, and very small,—this last symptom arising, no doubt, from the exertion of walking to the house, as in the evening, after some hours' rest, it had become full and bounding; abdomen soft and tender to the touch. Bled on the evening of his entrance, about four o'clock, from a large orifice, to about thirty ounces. Blood, the following morning, presented a thick inflammatory buff. All the symptoms were much relieved by the venesection.

As his bowels were very inactive, a powder, composed of 15 grs. submurias hydrargyri and 25 grs. of jalap, were administered to him, which brought away, with the most happy effect, a large, dark, and highly offensive stool. As the bleeding of the preceding day had been so beneficial, and as the pain of the head, heat of skin, and difficulty of breathing, still in a measure remained, he was bled on the morning of the 26th, to about twenty ounces; the blood, after subsidence, also bearing the buffy coat; it was not, however, so heavy as the former.

On the application of the stethoscope, the respiratory murmur was totally inaudible in any part of the right lung, very distinct on the left side; percussion on the right gave the dull heavy circumscribed sound of a solid mass; that on the left was hollow and sonorous.[1] He was put on nauseating treatment; antimonial solution being given every three hours.

As the abdomen was extremely tender to the touch, and as he suffered severely from breathing entirely with the diaphragm, six cups were applied, which afforded some slight relief. He complained of a great deal of uneasiness about the heart, which the previous treatment had but slightly benefited.

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[1] The sound on the left side of the heart was so loud as to countenance the idea of dilatation of the cavities with thinness of the parietes; whilst on the right side the sound was indistinct, but there was a peculiar *bruit*, appearing, as it were, compounded of the *bruit de soufflet*, or "bellows sound" with the *frémissement cataire*, (sound like the purring of a cat), and evidently indicating the existence of some impediment to the circulation of the blood through the right heart.—*Ed.*

Towards evening, the symptoms became very unfavourable, the anxiety about the precordium was much increased; pulse very irritable, and so quick as not to be counted; skin covered with a cold clammy sweat; the stupor and coma, which from the first had been prominent symptoms in the case, were much aggravated. In short, he was evidently dying; stimulants were diligently administered through the night, but without effect; he died next morning at eleven o'clock.

Necroscopy, four hours after death. Skin extraordinarily hot. On examining the chest, the right lung was found twice as large as in the healthy state, and completely hepatised throughout its whole extent. On cutting into it, a thin muco-purulent matter exuded from every part of it. The left lung, though exhibiting some marks of inflammation, was otherwise healthy throughout. On taking out the heart, the right pulmonary artery was found completely plugged up by a semi-organised mass, having the appearance of muscle, and extending through the semilunar valves, and attaching itself strongly to the columnæ carneæ of the right ventricle. Whether this production was caused by the engorgement of the lung, thus giving rise to a remora of the blood and deposition of fibrine, I do not pretend to say; it is, however, an interesting fact, and may throw some light on the nature of polypus of the heart. From the symptoms and auscultation during life, and its organised appearance, it certainly could not have been formed during the last struggle.

The mucous membrane of the canal was somewhat diseased, in consequence of the patient's former intemperate habits. It was much thickened, and had a cartilaginous appearance at the pyloric orifice.

With the exception of a few patches of inflammation in the small intestines, and enlargement of the follicles, we discovered no other morbid appearance in the investigation.

ART. VII.—EMPLOYMENT OF METHODICAL COMPRESSION IN VARIOUS DISEASES.

This valuable method of modifying locally the function of nutrition is daily becoming more extensively invoked in the treatment of disease. In the *Clinique Médicale* of Bricheteau[1] there is a section on the subject, and the periodicals are affording us numerous instances of successful results from the use of the bandage in inflammatory and other affections, in which it has been generally considered inapplicable. By Dr. Fricke, an eminent surgeon of Hamburg, it has been employed in inflammation of the testicle, with the effect of speedily removing the pain and the disease itself.[2] More recently, Mr. James Allan[3] has related three cases of phlegmasia benefited by the same treatment—two of erysipelas in the lower extremities, and one in the face, in which the bandage was of speedy and permanent benefit, the pain caused by it being very transient. He also states that he has found the bandage of very great service in removing the pain and swelling of joints affected with acute rheumatism, after the more active degree of inflammation had been removed.

It is well known, that Professor Dudley, of Transylvania University, has long been in the habit of using the bandage extensively in various surgical affections, and with marked advantage. Cases illustrating his views and mode of management have been recently published by Dr. J. M. Bushe,[1] now Adjunct Professor of Anatomy in Transylvania University.

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[1] p. 247, Paris, 1835; and the translation in the "Library."

[2] Zeitschrift für die gesammte Medicin. Band. I, Heft. 1. Hamburg, 1836.

[3] British Annals of Medicine, Jan. 27, 1837.

ART. VIII.—MORTALITY AND DISEASES OF ARMIES.[2]

The mean age of the English army is presumed to be 26: it is selected from recruits, of whom one in five are rejected on account of disease or disability. Of the recruits examined (1804–27) in Dublin, amounting to 57894 men, 23.7 per cent. were rejected; of the town recruits 30.7, of the country recruits only 8.5 per cent. (1824–27): of conscripts in the department of the Seine, (1816–23,) 43.1 per cent. were rejected on the same grounds. The mortality of the English army, including guards and cavalry, is understated; the enumeration probably included officers and non-commissioned officers, who, in 1834, constituted 1-8th of the army: its various sections are not so accurately distinguished as those of the French army; and there is an essential deficiency which may be easily remedied in both, namely, a return of the average number constantly sick. Nevertheless, the army returns we already possess are of great value.

ENGLISH ARMY.

Time and Place of Observation.	English Army.	Extent of Observations.		Annual Rate of Mortality per cent.		
		Average Force.	Years	Maximum.	Mean.	Minimum.
* The United Kingdom . .	British Army . .	46,460	10		1.5	
* Ireland, 1797–1828 . .	Ditto	36,921	32	2.0	1.5	1.1
MEDITERRANEAN.						
* Malta, 1824–31 . . .	The Garrison . .	2,226	8	2.8	1.5	1.0
* Gibraltar, 1815–31 . .	Ditto	3,267	17	13.4	2.0	0.7
* Ionian Islands	The Troops . .	3,467	13	3.6	2.6	1.4
EAST INDIES.						
* Fort St. George Presidency (Madras,) 1827–30	[3] European Troops	11,820	4	7.1	4.8	3.2
	Native Troops .	69,550	4	1.6	1.4	1.0
† Bengal, 1826–32 . . .	European Troops	8,700	7	9.7	5.7	3.8
WEST INDIES.						
* Windward and Leeward Islands . .	1796–1805 ditto .	13,610	10	27.7	18.3	8.0
	1810–28 ditto . .	5,768	19	23.4	11.3	4.7
* Jamaica, Honduras, 1810–28	Ditto . . .	2,528	19	47.2	15.5	7.8
* Jamaica, Honduras, Wind. and Lee. Islands	Colonial troops, blacks	2,733	19	8.4	5.5	1.8

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[1] Transylvania Journal of Medicine, for Jan., Feb., and March, 1837, p. 53.

[2] British Medical Almanac for 1836, p. 109.

[3] Cholera prevailed; and on a mean of the four years, 23 per cent. of Europeans, and 45 per cent. of the natives treated, perished.

[4] Out of 100 deaths in Bengal, 26.8 were from fevers; 7.3 from hepatitis; 30.5 from dysentery and other bowel complaints; 19.8 from cholera; 4.6 from pulmonic diseases, 1.9 of which was phthisis pulmonalis; leaving only 11 produced by other diseases.

* H. Marshall. Edinburgh Medical Journal.—*United Service Journal.*

† W. A. Burke, Esq., M. D. Mortality of the troops in India, Edinburgh Medical Journal, 1834. The loss by invaliding was 1.2 per cent. on an average; 4.7 in 1826, and only 0.2 in 1830.

The mortality given for Ireland does not include those killed in the field, or those who died of their wounds; the mean proportion per cent. sick, was 5.1; the maximum 6.4; the minimum 4.1. For Great Britain from twenty-four monthly musters, forming an aggregate of 313,695, it is inferred that the mean sick-time is 4.11 per cent. of life-time. The sick-time in Madras (1808–9) was 12.4 in 100 of life; the mortality 8.1. Annesley considered 10 per cent. healthy; in Barbadoes, (1814,) the sick were stated at 8 per cent.; the mortality at 4.1.

FRENCH INFANTRY.[1]

Time and Place of Observation.	French Infantry.	Extent of Observations.		Annual Rate of Mortality per cent.		
		Average Force.	Years	Maximum.	Mean.	Minimum.
FRANCE. (1820, 1, 2, 4, 5, 6.)	The whole army . . .	120,604	6	2.38	1.94	1.55
	Garde royale	13,924	6		1.47	
	Troops of the line. . . .	106,700	6		2.00	
	RANKS.					
	Sous officers, sergens-majors, caporaux, fourriers.	24,408	6		1.08	
	Drummers, musicians, workmen, prevots . .	5,218	6		0.96	
	Soldiers and infantry of the line.	90,978	6		2.23	
	GARDE ROYALE.					
	Sous officers		6		0.90	
	Soldiers		6		1.67	
	THE FRENCH ARMY.					
	Campaign in Greece[2] (Sept. 1828, to March, 1829.)	13,500	mo. 9		11.60	

Since this article was published, Mr. Marshall, deputy inspector-general of army hospitals, has published the following comparative rate of mortality, deduced from the official reports and other documents in the office of the army medical board.

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[1] Benôiston de Chateauneuf. Annales d'Hygiène, t. 10. According to the law of recruitment, the French troops are every year selected by lot from the young men aged 20; they are compelled to serve six years; the majority are consequently between the ages of 21 and 27; of 14,975, whose age is indicated, 12,455 were included in that period. Few are 30, still less 35 or 40. According to the recent tables of mortality in France, the mortality of males between 20 and 30 is 1.25 per cent. Count Morozzo, one of the first writers on the mortality of armies, stated, half a century ago, that the mortality of the Piedmontese troops was 9 per cent.

One third of the deaths in the French army are said to be from phlegmasiæ, one sixth from typhus, one eighteenth from exanthematous and other fevers; half from organic and chronic diseases; of which one fourteenth are phthisis. A considerable number of deaths occur from duels.

[2] The days of sickness in nine months from fever, wounds, syphilis, and itch, were 88,439.

Out of every 1000 men in the following stations, the annual ratio of mortality is as under stated, and by the following classes of diseases:—

Diseases.	Windward & Leeward Islands.	Bengal.	Madras.	Bombay.	Gibraltar.	Scotland.	Jamaica.	Ireland.
Fever,	37.9	16.5	11.0	15.0	2.4	2.3	112.5	
Diseases of lungs,	10.3	2.3	2.3	2.4	5.8	4.6	7.4	
Do. of liver,	1.8	4.0	5.0	5.0	0.2	0.2	0.5	
Do. of bowels,	18.8	20.4	20.5	16.1	1.8	0.2	4.2	
Cholera,	0.0	14.2	8.0	10.3	0.0	0.0	0.0	
Diseases of head,	3.1	2.0	0.6	1.2	0.2	0.2	1.6	
Dropsy,	2.0	0.5	0.7	0.7	0.3	0.8	1.0	
Other diseases,	6.3	3.1	3.9	4.1	2.9	2.7	3.8	
Ann. Mortality,	80.2	63.0	52.0	54.8	13.6	11.0	131.0	15.0[1]

ART. IX.—DR. THOS. HARRIS'S CASE OF REMOVAL OF A PART OF THE TONGUE.[2]

The affection, which rendered an operation necessary, was congenital; the tongue at birth being so large as to protrude beyond the maxillary bones, and to materially interfere with sucking. The enlargement grew with the growth of the youth, "until it acquired a magnitude inconvenient to the patient, and an appearance highly offensive to the sight."

When Dr. Harris first examined the case in May, 1835—the patient being then nineteen years of age—the tongue projected beyond the upper incisors three inches, the circumference was six inches, and the vertical thickness an inch and a half. It was of a violet colour, of a hard and incompressible consistence, covered with a dark slimy secretion, and the portion of it without the mouth was much larger than that within. The weight of the organ pressing continually on the inferior incisor and canine teeth gave them a horizontal direction forwards, and at the same time drew the os hyoides and larynx upwards and forwards.

"On examining the inferior maxilla, the ramus was found much shorter than natural; half an inch at least less in length than that of his brother, who in all other respects was of the same size. The angle of the jaw was unusually obtuse, and the molar teeth were rather longer than natural. By these alterations in the conformation of the parts, the patient had so far overcome the inconvenience arising from his projecting tongue, that the molars could be readily brought in contact, and thus the process of mastication could be performed, and deglutition effected almost as well as if no deformity existed. He was obliged, it is true, to cut his food in small pieces, and introduce it at the side of his mouth. Except during the act of eating, the saliva ran constantly from his mouth, to catch which, and to conceal the deformity, he was obliged to wear a silk handkerchief over his mouth and around his neck."

An operation being decided on, it was performed by Dr. Harris in the following manner. He first elevated the tongue, and dissected it from the floor of the mouth, about three fourths of an inch behind the anterior part of the jaw, and then introduced a strong straight bistoury, commencing where the first incision terminated, and pushed it through the organ between the median line and the left ranine artery, and drew it forward and laterally, so as to form the left flap, terminating at a point corresponding with the teeth. After the divided artery was secured by a ligature, the bistoury was again introduced in a corresponding position on the right side, by which the opposing flap was made; the artery was secured, and then the intervening space was divided by strong scissors. The cut in the tongue resembled in form the letter V inverted. In performing the operation in this way the operator had perfect command of the tongue until after the blood-vessels were tied. The flaps were then approximated, and maintained in this state by means of three interrupted sutures.

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[1] Edinburgh Medical and Surgical Journal. April, 1836. p. 432.

[2] The American Journal of the Medical Sciences, May, 1837, p. 15.

In this manner a pointed well-formed tongue was made, of the ordinary length. After the operation, the patient complained of burning, excruciating pain in the tongue, which was tumid and livid, threatening gangrene; but, by taking a few ounces of blood from beneath the chin, and applying creosote topically, these signs disappeared. On the fourth day the ligatures were removed, and on the fourteenth the wound was entirely healed.

It should be remarked, that as the lower incisor teeth could not be restored to their natural position, the surgeon deemed it prudent to extract them prior to the operation.

Dr. Harris received a letter from his patient, dated August, 1836, more than a year after the operation, in which he states, that his jaws are nearly closed—all deformity is removed—that he articulates distinctly—is in excellent health and spirits, and then engaged in his studies at college.

BIBLIOGRAPHICAL NOTICES.

Bushe on Diseases, &c., of the Rectum and Anus.[1]

There is something melancholy in the reflection that at the time when the volume before us was issued, its author was on his death-bed; the book, we are informed in the preface, had been in the press for more than a year in consequence of his inability, from the pressure of business and declining health, to correct the proofs, some of which he was compelled to trust to others.

The subjects that are treated of appear to have attracted Dr. Bushe's marked attention, and for their investigation he possessed extensive opportunities. "Many years ago," he observes, "I was induced to pay particular attention to the diseases of the rectum and anus, in consequence of their frequency, and the diversity of opinion which prevailed in relation to their nature and treatment. My opportunities for investigating them have been ample, and I may safely say, that I spared neither time, trouble, nor expense, in endeavouring to arrive at just conclusions."

The work consists of twenty-six chapters, treating respectively,—of the anatomy of the rectum, functions of the rectum, malformations of the rectum and anus, foreign bodies in the rectum, laceration of the rectum, inflammation of the rectum, inflammation and excoriation of the anus, inflammation of the rectum and anus arising from the application of gonorrhœal matter, fissure of the anus, neuralgia of the extremity of the rectum, spasmodic contraction of the sphincter ani, ulceration of the rectum, venereal ulceration of the rectum, affections called hemorrhoidal, enlargement of the hemorrhoidal veins, prolapsus of the rectum, relaxation of the anus, relaxation of the rectum with invagination of the mucous membrane, itching of the anus, excrescences about the anus, polypi of the rectum, abscess near the anus, fistula in ano, contraction of the anus, stricture of the rectum, and carcinomatous degeneration of the rectum.

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[1] A Treatise on the Malformations, Injuries and Diseases of the Rectum and Anus. Illustrated with plates. By George Bushe, M. D., formerly Professor of Anatomy and Physiology, &c. 8vo, pp. 299. New York, 1837.—Plates Illustrating a Treatise on the Malformations, Injuries, and Diseases of the Rectum and Anus. By George Bushe, M. D., &c. &c. Nine plates.

In the chapter on laceration of the rectum, the author gives the case of a female in labour in whom he found the perineum much elongated; the orifice of the vagina extremely narrow, and close to the pubis; and the head of the child pressing forcibly downward. When the pain subsided and the head receded, he discovered, on introducing his finger, a rent at least four inches long, extending transversely through the posterior part of the vagina, about an inch and a half from the vulva. On inserting his finger into the laceration, he distinctly felt the lower extremity of the rectum firmly contracted. Another pain soon came on, which fortunately was not strong, so that he was able to support the child's head; on the cessation of the pain, he divided the perineum obliquely downward and outward on both sides, by means of a probe-pointed bistoury, to an extent sufficient to allow of delivery without further laceration.

In the treatment of the different lacerations of the rectum, Dr. Bushe recommends, that sutures should not be introduced until granulations sprout up; in the many cases he has seen he has not met with one in which union took place by the first intention.

For the removal of hemorrhoidal tumours, he is decidedly in favour of the ligature, and he remarks that he has applied it upwards of a hundred times, and has never seen a bad symptom follow it. He is in the habit of using some instruments of his own invention, descriptions of which are given in the text (p. 187), and figures in the plate (plate ix). The apparatus consists of a forceps for seizing and bringing forward the tumours; needles of different sizes, needle carrier, and forceps for removing the needles.

If the operation by ligature be sufficient, it obviates one striking inconvenience often resulting from the removal of these tumours by excision—that of hemorrhage. We do not know the number of cases we have witnessed in which this alarming condition has supervened, and in which the application of the actual cautery, always a formidable remedy, has been necessary.

The plates are nine in number, and are well executed lithographs. They represent respectively, I. *a*, Fissure of the anus; *b*, an internal hemorrhoidal tumour, as large as a pullet's egg. II. *a*, Internal hemorrhoidal tumours prolapsed; *b*, do.; *c*, *d*, and *e*, sections of do; *f* and *g*, do. which have undergone a cartilaginous conversion. III. *a*, External hemorrhoidal tumours; *b*, enlargement of the hemorrhoidal veins. IV. *a*, Prolapsus of the rectum several inches in length; *b*, chronic prolapsus. V. *a*, Prolapsus of a circular fold of the mucous membrane; *b*, thickening, induration, and furrowing of the skin about the anus from constant rubbing to relieve itching. VI. *a*, a bunch of mucous polypi; *b*, ulcerated sarcomatous polypus; *c*, excessive destruction of skin and cellular tissue near the rectum from gangrenous inflammation. VII. *a*, Stricture of the rectum; *b*, cancerous ulceration of the extremity of the rectum. VIII. Various instruments, viz., *a*, an ebony rectum bougie; *b*, method of introducing do.; *c*, fissure knife; *d*, *e*, and *f*, perineal pin and fixtures; *g*, needle used in sewing the recto-vaginal partition; *h*, probe-pointed bistoury for small fistulæ in ano; *i*, sharp pointed bistoury for small incomplete internal fistulæ;—and IX. *a*, *b*, *c*, and *d*, Instruments for the ligature of prolapsed internal hemorrhoidal tumours; *e*, *f*, *g*, *h*, *i*, *j*, dilating rectum bougie; *k*, and *l*, instrument for arresting hemorrhage with a portion of intestine tied over it.

We are disposed to receive contributions to the practical knowledge of the profession, from those whose opportunities have been ample, with gratitude; and even if there should not be much of novelty in what they inculcate, it is well to know that the experience of others meets with confirmation. In the work before us, the surgeon must not expect many new propositions. He will find certain instruments invented by the author, some of which appear to afford facilities in the execution of his difficult duties, but he must not calculate upon any great addition to his pathological knowledge. In the anatomical and physiological portions, which we think are introduced unnecessarily, the tone is somewhat too polemical, but the reason for this may doubtless be partly found in the unfortunate condition of the author's health at the time when they were penned.

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Raciborski[1] *and Cowan*[2] *on Auscultation and Percussion.*

The manual of Raciborski is valuable as containing the existing knowledge, on the subject of which it treats, at the time of its publication. The French terms for the different *bruits* or "sounds or noises," in respiration, circulation, gestation, &c., recur so repeatedly in the works which treat of the application of auscultation and percussion to the diagnosis and treatment of disease, that a glossary becomes necessary. This information is fully given in the manual of M. Raciborski. The work is divided into two parts; the *first* treating of the "Explanation of different signs obtained by percussion and auscultation;" the *second* comprising the application of auscultation and percussion to the diagnosis of diseases. On the latter subject, to which Dr. Cowan's work is wholly devoted, we already possess, in this country, a good work by Dr. Gerhard.[3] To M. Raciborski's manual is appended a "synoptical table of the signs of auscultation and percussion, applied to the diagnosis of diseases."

The "Bedside Manual" of Dr. Cowan is divided into four sections. 1. Physical signs of diseases of the lungs and pleura. 2. Physical signs of diseases of the pericardium and heart. 3. Physical signs of diseases of the vascular system. And 4. Physical signs of diseases of the abdomen, &c. The following extract will exhibit the brevity and character of the information:—

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[1] New and Complete Manual of Auscultation and Percussion, applied to the diagnosis of diseases. By M. A. Raciborski, M. D., of the Faculty of Paris, &c. &c., translated by W. Fitzherbert, B. A., Cambridge. 12mo, pp. 204. London, 1835.

[2] A Bedside Manual of Physical Diagnosis, applied to diseases of the lungs, pleuræ, heart, vessels, abdominal viscera, and uterus. By Charles Cowan, M. D., P. and E, &c. translator of Louis on Phthisis. 24mo [?] pp. 58. London, 1836.

[3] On the Diagnosis of Diseases of the Chest, based upon the comparison of their physical and general signs. Philadelphia, 1836.

" PULMONARY APOPLEXY AND HÆMOPTYSIS.

" *Percussion* may not always assist us, but in general we discover a circumscribed dulness.

" *Auscultation.* The inspiratory murmur is locally feeble, or absent and replaced by bronchial respiration and bronchophony. We detect a fine liquid crepitus round the affected part, and in the larger tubes, near the spine, a liquid bubbling rhonchus is usually heard; it is more fluid and more rapid than what is produced by mucus.

" In simple *bronchial hæmoptysis*, the rhonchus last described is alone present.

" The value of these signs is determined by the nature of the expectoration.

" DIFFERENTIAL DIAGNOSIS.

" *Pulmonary Apoplexy, and Pneumonia.* The accompanying fever and expectoration distinguish the latter."—p. 19.

This little production is extremely inaccurate in its typography. In its fifty-eight diminutive pages, we have marked no fewer than seventy-nine errors!

RURAL CEMETERIES.

Whatever truth there may be in the opinion, that animal putrefaction does not produce malarious disease or any wide-spreading pestilence, there can be little doubt that air, charged with putrid miasmata, or with products of animal decomposition arising from bodies confined in a small space, as in the case of private vaults when first opened, may, especially in impressible individuals, so powerfully affect the nervous system as to produce high nervous disorder, and that when such miasmata are absorbed by the lungs in a concentrated state, they may excite putrid disorders or dispose the frame to unhealthy exanthematous affections. Experiment seems to have shown, that when putrid substances are injected into the blood they are extremely deleterious, and that when exhaled from the dead body they have occasionally excited serious mischief in those exposed to their action. According to Baron Percy—one of the eminent army surgeons of France, during the domination of Napoleon—a Dr. Chambon was required by the Dean of the *Faculté de Médecine* of Paris to demonstrate the liver and its appendages before the *Faculté*, on applying for his license. The decomposition of the subject, given him for demonstration, was, however, so far advanced, that Chambon drew the attention of the Dean to it, but he was commanded to go on. One of the four candidates, Corion, struck by the emanations from the body as soon as it was opened, fainted, was carried home, and died in seventy hours; another, the celebrated Fourcroy, was attacked with a burning exanthema; and two others, Luguerenne and Dufresnoy, remained a long time feeble, and the latter never completely recovered.[1]

The possibility of such evils is highly favourable to the view—now every where prevalent—that the cemeteries of large towns should be at some distance from the inhabited portions. Even were we to set aside hygienic considerations, there are others which come home forcibly to the minds of all. In every age it has been the custom, with mankind generally, to regard the depositories of the dead as objects of veneration. In ancient Rome, the place was held religious where a dead body or any portion of it had been buried; and the violation of the tombs was punished by fine, the loss of a hand, working in the mines, banishment, or death. Even in the savage Tonga Islands, the cemeteries are accounted so sacred, that if the deadliest enemies should meet there, they must refrain from attacks of hostility. Yet, occasionally, in a civilised age, and in countries unquestionably enlightened, in the ordinary acceptation of the term, the sanctuary of the grave is needlessly violated, and political anarchy, religious bigotry, infidelity, or what is esteemed the spirit of improvement, but which is too often the thirst after lucre, have subverted sensibilities which are ordinarily held sacred. How often has it happened, in the progress of our own city to its present population, that places of worship have been disposed of, their cemeteries desecrated, and ashes, which, at the period when they were deposited there, it was presumed, would ever remain free from violation, been exhumed and scattered to the winds. These and other considerations have given rise to the beautiful cemeteries of Père La Chaise, near Paris, of Mount Auburn near Boston, and of Laurel Hill near this city. The preceding remarks have, indeed, been suggested by a recent visit to the last of these. Situated at a convenient distance from the city of Philadelphia, yet so far from it as to almost preclude the possibility of future molestation in the progressive improvement of the city or from other causes: on a sylvan eminence immediately skirting the Schuylkill, and commanding a beautiful view of that romantic river; embellished in a manner most creditable to the taste and liberality of spirit of the respectable individuals under whose management it has been projected and carried into successful execution,—it is indeed a hallowed place, where affection may delight to deposit the remains of those on whom it has doated,—

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[1] Londe, Nouveaux Elémens d'Hygiène, Paris, 1827; and the editor's Elements of Hygiène, p. 110, Philadelphia, 1835.

——— "a port of rest from troublous toyle,
The worlde's sweet In from paine and wearisome turmoyle."

Bricheteau's Medical Clinics.—In the number of the "London Monthly Review" for March last, there is a review of Bricheteau's "*Clinique Médicale*" a translation of which is commenced in this number of the "Library," copied *verbatim*, without any acknowledgment, from an article furnished by the editor of this journal to the "American Journal of the Medical Sciences," for Feb. 1836. The only variation we observe is, the interpolation of three pages, taken also *verbatim*, from "Stokes's Lectures on the Theory and Practice of Physic" (end of lecture 5), on the subject of gastritis. These observations are stated to have been suggested by some cases of gastritis in Bricheteau's work,—*in which the subject is not even referred to!!*

University of Maryland.—Dr. H. Willis Baxley, formerly Demonstrator and Dissector in the Medical Department of this university, has been appointed Professor of Anatomy in the place of Professor Geddings. Dr. Baxley is a good anatomist, and, we have always understood, an able teacher.

Meetings of State Societies.—The state societies of Massachusetts, New Jersey, and Maryland, have recently held their anniversary meetings. At the meeting of the first, Professor Hayward, of Harvard University, read a discourse on diseases of the knee joint. Before the New Jersey Medical Society, the president, Dr. Van Der Veer, read a dissertation on the subject of fever,[1] and at the meeting of the Medico-Chirurgical Faculty of Maryland, Dr. Dunbar delivered an address, "on the progress of medicine and its influence on the happiness of the human race."

Professor Cross of the Transylvania Medical School.—We observe in the "Lexington Observer and Reporter," for June 3d, a correspondence between Dr. James C. Cross, at that time Professor in the Medical College of Ohio, and his students, on the occasion of their presenting him with a gold snuff-box, "as a testimonial of their high respect and esteem for his talents as a teacher, and his virtues as a friend."

We learn, that Professor Silliman and Dr. Fearn have not accepted the chairs to which they were repectively appointed in the Transylvania Medical School.

Professor Magill of the University of Virginia.—We regret to learn that Professor Magill, who had been compelled, on account of ill health, to relinquish his duties at the University of Virginia for the remainder of the session, died, on the 13th inst., at the residence of his father-in-law, Judge Tucker, President of the Court of Appeals. Although Professor Magill succeeded us (the editor of this journal) in the chair of medicine in that institution, we had no personal acquaintance with him. We have heard but one opinion, however, as to his professional and general character,—of which all bear favourable testimony.

The Visitors at their present session have consequently to supply two vacancies. For that caused by the resignation of Professor Warner, there are, we learn from a correspondent, several candidates. There are few more profitable—and no more honourable—situations in the Union for the scientific physician.

Successful Cases of Lithotripsy.—We are informed by Dr. Randolph, that he has completely succeeded in seventeen cases of lithotripsy,—in every one, in fact, which he has undertaken. It is not to be denied that the operation is attended with pain, yet that this is not as great as has been generally imagined, is shown by the fact, that in one case on which Dr. Randolph operated recently, the young gentleman, after the instrument was introduced, asked, with an air of surprise, if it was in the bladder? It is certainly a great triumph to modern surgery, that the formidable operation of lithotomy can be dispensed with; and the signal success which has attended the dexterous operations of Dr. Randolph, and of others in this country, and the still greater number abroad, sufficiently testify, that in an immense number of cases this is practicable.

We observe it stated, that Dr. N. R. Smith, of Baltimore, has performed the operation successfully in six cases.[2]

Both these gentlemen use Jacobson's instrument.

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[1] Boston Medical and Surgical Journal, for June 14th, 1837. p. 305.

[2] American Journal of the Medical Sciences, for May, 1837. p. 273.

BOOKS RECEIVED.

An Introduction to the Study of Practical Medicine; being an outline of the leading facts and principles of the science, as taught in a course of lectures delivered in the Marischal College of Aberdeen. By John Macrobin, M. D., &c. &c. 8vo, pp. 226. London, 1835.

A Practical Treatise on Diseases of the Skin, arranged with a view to their constitutional causes and local characters; including the substance of the essay to which the Royal College of Surgeons awarded the Jacksonian prize, and all such valuable facts as have been recorded by continental authors on these subjects to the present time. By Samuel Plumbe, late Senior Surgeon to the Royal Metropolitan Infirmary for Children, &c. 4th edit. revised, corrected, considerably enlarged, and with additional engravings. 8vo, pp. 607. London, 1837.

Elements of the Practice of Medicine. By Richard Bright, M. D. and Thomas Addison, M. D., Lecturers on the Practice of Medicine at Guy's Hospital. Part I. 8vo, pp. 129. London, 1836.

From the Author.—A Summary of Meteorological Observations, made during the first three months of the year 1837, in the city of Lexington, Ky. 8vo, pp. 5. By Robert Peter, M. D., &c.

From Dr. Charles Hooker, of New Haven, the Secretary.—Proceedings of the President and Fellows of the Connecticut Medical Society, in convention, May, 1837, with a list of the members of the Society. 8vo pp. 12. New Haven, 1837. Also, accompanying it,

An Address to the Annual Convention of the Medical Society of Connecticut, convened at Hartford, May 10, 1837. By Thomas Miner, M. D., President of the Society. Published by order of the convention. 8vo, pp. 12. New Haven, 1837;—with the Report of the New Haven County Medical Society, noticed in our last number.

From Dr. Alexander.—The Boston Medical and Surgical Journal, for June 7th, containing his Observations on the Anatomy and Physiology of the Capillary Blood-vessels.

From Messrs. French and Adlard, the publishers.—A Treatise on the Malformations, Injuries, and Diseases of the Rectum and Anus. By George Bushe, M. D., &c. &c. 4to, nine plates. New York, 1837.

From Dr. Forbes of the "British and Foreign Medical Review."

Der Torpide Croup, die gefahrvollste der häutigen Bräune. Ein Beitrag zúr nähern Erforschung der natur des croups, zúr diagnostik und glücklichen heilmethode der verschiedenen arten und zu einer neuen theorie desselben, von Philipp von Hagen, M. Dr. mit zusätzen und physiologisch nosologischen Betractungen über das wesen des torpors und verwandte gegenstände, von Ludwig August Kraus, Dr. Phil. et M., leg. u. s. w. 8vo, pp. 220. Götting., 1835.

Ueber die resection des Huftgelenkes, Eine chirurgische Inauguralabhandlung der Medizinischen Facultät zu Würzburg vorgelegt, von Felix Lepold, Doctor der Medizin, Chirurgie, und Geburtshülfe, aus Krakau, mit einem steindrucke. 8vo, pp. 48. Würzburg, 1834.

Pathologia Morborum Œsophagi, Dissertatio Inauguralis quam consensu et auctoritate gratiosi medicorum ordinis in Universitate Literaria Friderica Guilelma, &c. &c., publice defendit auctor Joannes Feuchten, Guestphalus. 8vo, pp. 36. Berolini, 1835.

From Prof. Charles Davis.—The Annual Announcement of Lectures; Catalogue of Students and Graduates of the Medical College of Georgia.

From Prof. T. R. Beck, of Albany.—Directions for the Establishment and Government of Lunatic Asylums, translated from the French of Brierre de Boismont, M. D., by J. Quincy Sewell, M. D. (From the Transactions of the Medical Society of the State of New York, Vol. 3.)

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. **July 15, 1837.** **No. 8.**

ART. I.—NOTE OF A CASE OF EXSTROPHY OF THE BLADDER.

BY THE EDITOR.

It is now pretty well understood, that the different organs of the body are not formed from one central point towards the circumference, as was once imagined, but that they are composed of two or more parts, having an interval between them which is gradually closed; but if from any cause the development of one or more parts should be arrested, clefts or preternatural openings may remain; of these we have a familiar example in the hare-lip, which is often accompanied by a cleft palate. Occasionally it happens that a similar defect is observable in the abdominal parietes; at times the linea alba only may be wanting; at others, the abdominal muscles; and, at others again, where the absence of these parts is restricted to a small space above the pubis, the anterior portion of the bladder may be wanting also, so that the inner surface of the posterior wall of the bladder presents at the opening. This is easily recognised by its distinct mucous character, and by two orifices more or less apparent—the terminations of the ureters—whence the urine continually oozes as it is sent down to the bladder from the kidneys. In such a case, if the individual be male, the penis is malformed and imperforate.

The cases on record of this last kind—to which the terms *Exstrophy* and *Extroversion*, and *Prolapsus* and *Inversion*, *of the bladder*, have been given—are now very numerous;[1] but not many have been described in the journals of this country. Dr. Beck[2] refers to two, of which figured representations have been given,—one by Drs. Ducachet and Charles Drake,[3] the other by Dr. Hayward,[4] of Boston. They are all strikingly alike in their general character.

It need scarcely be said, that serious inconveniences accompany this malformation, and not the least is the excessive difficulty in keeping the parts clean, in consequence of the perpetual oozing of the urine from the ureters, and the inflammation and excoriation necessarily produced by it. Sponges and receptacles for the urine have been employed, and it has been proposed by Bünger and L. F. von Froriep, that an organic covering should be given to the exposed vesical surface by a kind of *gastroplastic* operation, similar to the rhinoplastic. The most serious obstacle—that of the prevention of the union of the flaps by the constant draining of the urine—Von Froriep does not consider to be insuperable; but, as Dr. Phœbus properly remarks, it would not be practicable to form a sphincter, and consequently the dripping of the urine would continue. Still, much would be gained by the formation of such a covering. The experiment has not, however, been made.[1]

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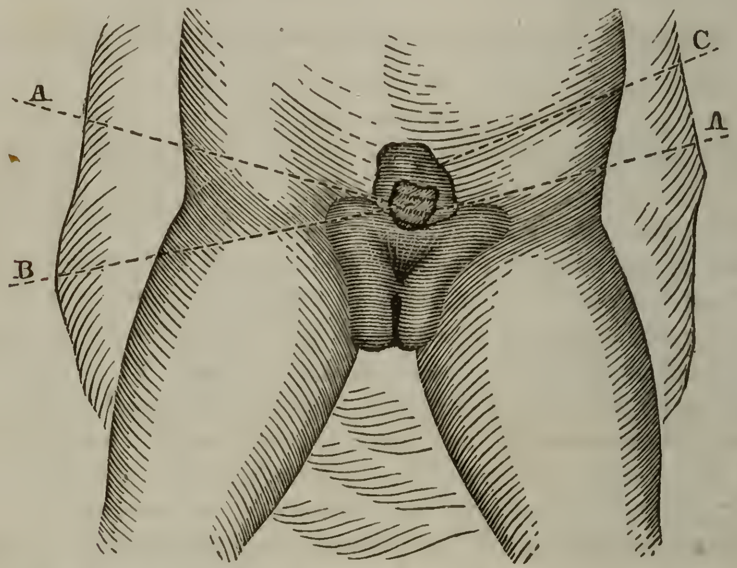
[1] Meckel's Handbuch der Pathologischen Anatomie Band I, s. 715, Leipz., 1812.

[2] Elements of Medical Jurisprudence, 5th edit. i. 70.

[3] Medical Recorder, iii., 515.

[4] Boston Medical Magazine, i. 91.

These remarks have been suggested by a case which we were requested to examine some time ago, by Dr. Duffee of this city, and of which it is scarcely necessary to do more than give a marginal representation from a drawing taken by that gentleman.



A. A. The orifices of the ureters.
B. The imperforate penis.
C. The mucous surface of the posterior paries of the bladder.

It agrees in all its characters with most of those that have been recorded. The girl, as she had been esteemed—or rather she had generally been considered hermaphrodite!—is about eight years old, and in the enjoyment of perfect health; except that the perpetual oozing of the urine occasions constant excoriation of both groins, and as it is extremely difficult to keep the parts clean, the smell from them is most offensive. The evidences of the male sex are unequivocal.

The anus, as is generally the case,[2] is situated much more forward than where the parts are perfect.

Art. II.—PROFESSOR VELPEAU, ON IODINE INJECTIONS IN HYDROCELE.

Iodine applications having been used locally in cases of hydrocele, it suggested itself to M. Velpeau, that they might be usefully employed in injections.[3] With this view he used a mixture of water and tincture of iodine, in the proportion of two drams of the tincture to an ounce of water. The sac being emptied by puncture, in the ordinary manner, he injects from one to four ounces of this mixture. It is withdrawn immediately, although he has no apprehension of leaving a little in. The part generally becomes swollen for three or four days, but without exciting fever or serious pain; resolution then begins and is commonly rapidly effected. M. Velpeau states that he has adopted this course twenty times, and that none of the patients have experienced the least unpleasant symptom; eighteen were cured in less than twenty days; in another, resolution was only half effected on the thirty-first day, but the operation was repeated and the cure afterwards proceeded rapidly; the twentieth case, in which the hydrocele was in two sacs, remained six weeks in the hospital, on account of the swelling of the testicle. Two had been operated on unsuccessfully by vinous injection and cauterization; two had an encysted hydrocele of the cord; in three, the tumour contained about three ounces of serous fluid; ten had the testicle hypertrophied, tuberculated, and diseased, for some time; in all, except two, the disease had existed for more than six months; two had laboured under it for fifteen years, and one for twenty-four years.

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[1] Art. Exstrophia, in Encyclopäd. Wörterb. der Medicin. Wissenschaft. xi., 615. Berlin, 1834.

[2] Phœbus, in art. Exstrophia, op. cit. s. 648.

[3] Archives Générales de Médecine, Janvier, 1837.

ART. III.—ON SCARIFICATION OF THE VAGINA, TO PREVENT LACERATION DURING LABOUR.

BY F. A. RITGEN,[1]

Professor of Medicine, and Director of the Lying-in establishment at Giessen.

Professor Ritgen recommends, where the head of the child is long in producing dilatation of the vagina, so as to threaten laceration of the perineum, that the orifice of the vagina, and the strictured portions, should be slightly scarified. He alludes to a case where the child's head was a fourth or a third part born, but was embraced by the mouth of the vagina, on the outermost margin of which he made seven small transverse incisions right and left. These were not more than a line deep, and crossed each other, being separated by spaces of from two to four lines. By this means, the outer margin of the mouth of the vagina was suddenly expanded more than two inches in circumference. None of the wounds were lacerated by the passage of the head. They always healed readily, without inducing any permanent enlargement of the vagina; when the frænulum, indeed, is unhurt, the external mouth of the vagina, according to Professor Ritgen, is somewhat narrower, and the cicatrices from the incisions cannot be detected after a few weeks.

Laceration of the perineum is not a very common occurrence, and although the practice recommended by the author may enlarge the vulvo-uterine canal, where there is unusual stricture from any cause, we apprehend it cannot often be necessary.

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[1] Neue Zeitschrift für Geburtskunde; von Busch, d'Outrepont und Ritgen. Dritten Bandes, erstes Heft, s. 65.

Art. IV.—REPORT OF THE PENNSYLVANIA HOSPITAL.

The following is the list of cases treated at this valuable institution during the year ending on the 22d of April last.

ADMITTED FOR	Cured.	Relieved.	Removed by friends, or at their request.	Discharged for misconduct.	Eloped.	Died.	Remain.	Total.
ACCIDENTAL INJURIES, VIZ.								
Burns and scalds	10	2	2	0	0	4	2	20
Contusions and wounds	93	7	9	2	2	16	11	140
Gun-shot wounds	4	0	1	0	0	1	0	6
Fractures	65	4	4	0	1	14	17	105
Dislocations	8	1	3	0	0	1	1	14
Sprains	9	2	1	0	0	2	3	17
Frosted	5	0	3	0	0	0	0	8
Poisoned by laudanum	2	0	0	0	0	0	0	2
DISEASES OF THE CHEST AND RESPIRATORY ORGANS.								
Asthma	2	1	0	0	0	0	0	3
Bronchitis	2	0	2	0	0	3	0	7
Catarrh	9	1	0	0	0	0	5	15
Hæmoptysis	2	0	0	0	0	0	0	2
Phthisis pulmonalis	0	1	1	0	0	8	1	11
Pleurisy	9	1	0	0	0	0	1	11
Pneumonia	9	3	0	0	0	3	1	16
Affections of the heart	2	2	0	0	0	0	1	5
DISEASES OF ABDOMINAL VISCERA.								
Diarrhœa	5	1	0	0	0	0	2	8
Dysentery	12	0	2	0	0	1	2	19
Dyspepsia	7	2	3	0	0	1	0	13
Enteritis	2	0	0	0	0	0	1	4
Gastritis	2	0	0	0	0	3	0	2
Constipation	1	1	0	0	0	0	0	2
Hernia	1	0	0	0	0	0	0	1
" strangulated	1	0	0	0	0	0	0	1
Hæmorrhoids	1	1	0	0	0	0	1	3
Fistula	2	0	0	0	0	0	0	2
Prolapsus ani	1	0	1	0	0	0	0	2
Hepatitis	0	2	2	0	0	1	1	6
Worms	1	0	0	0	0	0	0	1
DISEASES OF GENERATIVE AND URINARY ORGANS.								
Diseased uterus and vagina	1	4	2	1	0	0	1	9
Diseased bladder and urethra	1	2	0	0	0	0	0	3
" testes	8	2	1	0	0	0	0	11
Irregular catamenia	4	3	0	0	0	0	1	8
Stone in the bladder	5	0	0	0	0	0	2	7
Syphilis	55	5	4	1	2	2	8	77
DISEASES OF THE BONES.								
Caries and necrosis	1	1	0	0	0	0	0	2
Diseased joints	0	1	2	0	0	0	1	4
Periostitis	0	0	1	0	0	0	0	1
Ozæna	0	2	0	0	0	0	0	2
DISEASES OF THE SKIN.								
Eruptions	2	1	0	0	0	0	1	4
Psoriasis	2	2	0	0	0	0	1	5
Tinea capitis	0	1	0	0	0	0	0	1

ADMITTED FOR	Cured.	Relieved.	Removed by friends, or at their request.	Discharged for misconduct.	Eloped.	Died.	Remain.	Total.
DISEASES OF THE NERVOUS SYSTEM.								
Catalepsy	0	0	0	0	0	1	0	1
Cephalalgia	5	0	0	0	0	0	0	5
Chorea	1	0	0	0	0	0	1	2
Convulsions	1	0	0	0	0	0	0	1
Epilepsy	0	0	0	1	0	0	0	1
Hysteria	1	0	0	0	0	0	1	2
Neuralgia	1	1	2	0	0	0	0	4
Spinal Irritation	0	1	0	0	0	0	1	2
Paralysis	4	3	2	0	0	1	1	11
DISEASES OF THE SANGUINEOUS SYSTEM.								
Aneurism	0	1	0	0	0	2	0	3
Apoplexy	1	0	0	0	0	1	0	2
Inflammations	7	2	1	0	1	0	7	18
Jaundice	0	0	0	0	0	1	0	1
Fevers	49	5	6	0	0	11	4	75
" Bilious	3	0	0	0	0	0	0	3
" Intermittent	15	0	1	0	0	1	1	18
" Remittent	2	0	0	0	0	0	0	2
" Typhus	2	0	0	0	0	0	0	2
" Typhoid	2	0	0	0	0	2	1	5
" Yellow	1	0	0	0	0	0	0	1
Small pox	0	0	0	0	0	1	0	1
MISCELLANEOUS CASES.								
Cancer	1	1	2	0	0	0	0	4
Carbuncle	1	0	0	0	0	0	0	1
Abscess	6	1	0	0	0	1	0	8
" Lumbar	1	0	0	0	0	0	0	1
Ulcer	26	8	4	0	0	2	5	45
Noli me tangere	0	1	0	0	0	0	0	1
Paronychia	0	1	0	0	0	0	2	3
Polypus of Antrum	0	0	1	0	0	1	0	2
Tumour	2	0	1	0	0	2	0	5
Elephantiasis	0	0	1	0	0	0	0	1
Scrofula	1	1	1	0	0	0	0	3
Debility	5	1	1	0	0	0	0	7
Diabetes	1	1	1	0	0	0	0	3
Dropsy	12	3	2	0	0	3	1	21
Gout	1	0	0	0	0	0	0	1
Rheumatism	46	5	3	0	1	0	5	60
Diseased eyes	14	1	2	0	0	0	3	20
	558	93	75	5	7	90	98	926
Insanity	19	17	19	0	1	6	108	170
Mania a potu	17	0	1	0	0	3	1	22
	594	110	95	5	8	99	207	1118
PREGNANT WOMEN.[1]								
Delivered safely, 26	—	—	6	0	0	0	2	34
Infants discharged in health, 25	—	—	0	0	0	1	0	26
			101	5	8	100	209	1178

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[1] One infant was stillborn, and one mother had twins.

ART. V.—PARTICULAR SPECIES OF MALFORMATION OF THE FEMALE PELVIS.

BY PROFESSOR F. C. NAEGELE.[1]

The malformations which form the subject of this article are as follows:

1. The pelvis appears to be displaced in an oblique direction, in such manner that the symphysis pubis is directed to one side and the os sacrum to the other. The symphysis pubis is found obliquely opposite the sacro-vertebral projection, consequently one of the oblique diameters of the superior and inferior straits and of the cavity of the pelvis is diminished, while the other is sometimes elongated in such a manner, that the superior strait and the pelvic cavity, seen from before, represent an oblique oval, the small transverse diameter of which is formed by the shortened oblique diameter, and the great longitudinal diameter by the other oblique diameter of the pelvis.
2. The sacro-iliac symphysis, which forms the pointed extremity of this oval, is entirely ossified.
3. The contiguous lateral half of the sacrum is atrophied.
4. The symphysis pubis is thrown from the side opposite to the sacro-iliac junction which is ossified, and the os sacrum is thrown to the other side.
5. The cavity of the pelvis converges in some degree obliquely and downwards.
6. At the side of the pelvis where the sacro-iliac symphysis is ossified, the anterior paries is not as arched outwards as in the natural state; it is much flatter and its internal surface is almost plane. Professor Naegele has never observed a depression of this lateral portion. The cotyloid cavity of the flattened side is consequently directed rather forwards; that of the opposite side preserves its nominal position. The ilium of the side in which the sacro-iliac junction is ossified, when measured from its anterior superior spinous process to the posterior superior, is shorter than that on the opposite side. The bones are in other respects sound, as regards their solidity and texture, without any evidences of rickets, malacosteon, or other anterior affections.

Amongst the cases noticed by the author, there were two in which the vertebral column was not distorted; in two others the lumbar portion of this column inclined toward the side of the ossified sacro-iliac junction; in four cases the bodies of the lumbar vertebræ were slightly inclined towards the side of this ossification. So far as the author could judge from the evidence he had collected, these persons had never been subject to rickets or osteo-malacia; they had not suffered from external violence, such as falls, blows, &c. Prof. Naegele has seen nine pelves of this kind which differed only in the degree of contraction, and in the side on which the ossification had occurred. In all these cases of deformity of the pelvis, labour was fatal to both mother and child. The *first two* cases occurred in the practice of one of the friends of M. Naegele. One of them was a young primiparous woman, who appeared healthy and well-formed, was delivered of a dead infant with difficulty by forceps, and died of peritonitis four days afterwards; the *second* case was also that of a primiparous female who was delivered by perforating the cranium: she died twenty-four hours after. The *third* was seen by the author himself in 1828 in a primiparous woman, nineteen years of age, apparently healthy and well-formed, (she appeared however to limp slightly, and her brother had the right hip rather more elevated than the other);

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[1] Encyclographie des Sciences Médicales, Mai, 1836, from Heidelberger Medicinische Annalen. Band. x. Heft. 3. Kleinert's Repertorium, 1836;—Ergänzungsheft zum ix Jahrgang.

We are indebted to Dr. Warrington of this city for the English version of this article.—*Ed.*

delivered of a dead child, by the forceps, which were used with great difficulty. She died in five days of peritoneal fever. The *fourth* and *fifth* pelves of this kind were sent to the author by Professor d'Outrepont; they were taken from primiparous women, one of whom died after the use of forceps, and the other of the perforator. In one case the deformity was found in the left and in the other in the right side; in other respects the pelves presented similar characters. The *sixth* and *seventh* pelves were found in the collection of Professor Billi of Milan. The *eighth* is deposited in the museum of pathological anatomy at Vienna; the patient died during labour, from rupture of the uterus. Lastly, the *ninth* pelvis of this kind was found in the collection at the *Hospice de la Maternité*; the woman to whom it had belonged died undelivered, after four days' labour, and even after the head had been perforated. Ossification of the sacro-iliac symphysis was found on the left side, and this half of the sacrum was so defective in its formation, that the bodies of the superior vertebræ were so immediately jumbled together with the left iliac bone, that there was no trace of any previous separation.

The author gives the exact dimensions of all the pelves, and four plates representing the *contour* of the superior straits of some of them.

These cases confirm the opinion already advanced by the author, that the contraction of the pelvis resulting from the approximation of the sacrum and one of the pubic bones is more frequently found on the left than on the right side.

Does this deformity result from a previous inflammatory action, a curvature of the vertebral column, or a vicious ossification of one half of the sacrum? The little evidence, which we have been able to collect of the previous health of the persons in question, is not sufficient to enable us to give a decisive answer on this point.

This defect (*vice*) seems to be very frequent, as the author has already collected nine cases since he has given more of his attention to the subject; but as these deformities cannot be ranked with the vices dependent upon rickets, osteo-malacia, &c., they have been neglected notwithstanding their importance. Delpech, in his memoirs on the hospitals of the south, speaks of an oblique contraction of the pelvis which is probably similar to the deformity described by Naegele. Dubois, also, in his thesis, as candidate for the chair of obstetrical clinics, (Gaz. Médicale, May, 1834,) seems to be acquainted with it.

Art. VI.—GERMAN OBSTETRICAL STATISTICS.

Professor Haase has recently published Reports of the Lying-in Hospital (Entbindungs-Institute), attached to the Royal Saxon Medico-Chirurgical Academy, at Dresden, for the years 1833 and 1834[1]. From these we obtain the following statistical details.

In the year 1833, 307 women were delivered; but, as 5 of these had twins, and 1 triplets, the number of children was 314. Artificial aid was esteemed necessary in 37 cases; in 31, the application of the forceps; in 3, "extraction;" in 1, paracentesis of a hydrocephalic head; in 1, perforation; and in 1, the cæsarean section, which terminated fatally to the mother —who was rickety in the highest degree, her whole length being only forty-three inches—but the child was saved.

In 13 cases, the placenta had to be brought away; three times on account of profuse hemorrhage, and ten times on account of preternatural adhesion to the uterus.

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[1] Neue Zeitschrift für Geburtskunde, von Busch, d'Outrepont und Ritgen, B. iii, 1 H. 3. s. 401 & 417.

Of the 314 children, 152 were males, 161 females; the sex of an aborted fœtus, two months old, could not be determined. Amongst those born, 1 boy and 4 girls were immature, (unzeitiger); premature (frühzeitig), 5 boys and 8 girls. 3 boys and 1 girl came into the world in a state of asphyxia; 11 boys and 13 girls were born dead. Died in the institution, after birth, 6 boys and 5 girls.

Of the children born living, the longest was 21 Paris inches long, the shortest 14; the heaviest weighed 10 pounds, the lightest 2½.

Of the women 5 died.

Of the presentations there were,—of the occiput, 287; of the face, 5; of the breech, 8; and of the feet, 6; undetermined, partly on account of the rapidity of labour, partly on account of their late admission, and partly on account of the smallness of the child, 8; total, 314.

In the year 1834, 236 women were delivered, but as there were 4 twin cases, and 1 triplet, the number of children born was 242. Artificial aid was requisite, in 37 cases; 29 times, the application of the forceps; 4 times, extraction; 11, turning; 2, perforation; 1, embryotomy.

The placenta required extraction in 15 cases, most commonly in consequence of adhesion of the membranes to the inner surface of the uterus.

Of the children born, 115 were boys, 127 girls. Immature, 1 boy and 1 girl; premature, 12 boys and 13 girls; *asphyxied*, 4 boys and 1 girl; dead born, 12 boys and 8 girls. The longest child was 20 Paris inches long, the shortest 13½; the heaviest weighed 9½ pounds, the lightest 2 pounds.

Of the women 8 died.

Of the presentations there were,—of the head, 216; of the face, 1; of the breech, 5; of the feet, 8; undetermined, 9; cross, 3; total 242.

ART. VII.—ON VICARIOUS MENSTRUATION.

BY DR. FINGERHUTH, OF ESCH, NEAR ENSKIRCHEN.[1]

Two cases are detailed by Dr. Fingerhuth. In one, during suppression of menstruation, in a healthy girl, eighteen years of age, the bleeding took place from a whitlow "*panaritium tendinosum*" of the finger. Three weeks afterwards, the discharge recurred; but the catamenia becoming restored, and the wound healed, the phenomenon ceased.

The other case occurred in a girl, seventeen years of age, who had often felt the *molimina menstrualia* without the establishment of menstruation. She had suffered for some time with dyspnœa, palpitation, &c. when, one morning, she found the right breast bloody. On examination, Dr. Fingerhuth discovered that the flow proceeded from a nipple-like excrescence on the breast. This phenomenon occurred irregularly for some time, until ultimately uterine menstruation was properly established.

Professor George McClellan has mentioned to us a very surprising case of vicarious menstruation which he has had under his charge in this city. We are led to hope that he will oblige us with the particulars.

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[1] Wochenschrift für die gesammte Heilkunde, Feb. 5, 1836.

ART. VIII.—DR. ALEXANDER ON THE CAPILLARIES.[1]

The circumstance that suggested the observations of Dr. Alexander on the anatomy and physiology of the capillary bloodvessels was an optical phenomenon, by no means however infrequent, which he observed five years ago. This was the appearance of an extremely minute tube of glass, or rather of the finest and most transparent isinglass, pierced with lateral pores, which was seen standing out in bold relief, entirely disconnected with anything else, and apparently floating in the air. "I had heard," says Dr. Alexander, "of moats, or, as they are technically and vaguely termed, *muscæ volitantes*, being seen in the eye, but I had never heard or read of anything being seen similar to what I then saw." Ten years ago, an identical phenomenon was the cause of some uneasiness to ourselves; amongst other appearances, which we referred to differences in the physical condition of the retina, a tube of the kind described by the author was distinctly perceptible; but instead of the pores being confined to the sides of the apparent vessel, there was a manifest termination in an open mouth. This is no longer seen, but numerous opacities, somewhat resembling plexuses of vessels or nerves, are still apparent. Dr. Alexander will find that many ingenious experiments and reflections have been recently made by a talented lady[2] on the subject of rendering the bloodvessels of the observer's retina apparent to him, and that the subject has been noticed by many of the more recent writers on physiology.[3]

The appearance above-mentioned Dr. Alexander concluded—prematurely, it will doubtless be thought—"to be nothing else than one of the much-sought-for seriferous capillaries with the lateral pores, which many physiologists, as Mascagni, Prochaska, Richerand, &c., have long supposed to exist in all the true capillaries." "I was for a long time," he adds, "unwilling to come to this conclusion. I knew that the capillaries had never been observed in this way before, or if they had the fact had never been made public, or had again sunk into oblivion. I could not believe it possible, as I knew must be the case if my supposition were true, that I could be the first to see *clearly* what must have been before, or rather in the very eyes of, millions during thousands of years."

On these slender data Dr. Alexander conceives himself justified in deducing, that "the parenchyma of the ancients does not exist; neither do the exhalent vessels themselves, imagined by some modern physiologists, as Haller, Bichat, &c. Exhalation and secretion are effected by the common capillaries," and he states that "there are the strongest reasons for believing that the various secreted and exhaled fluids are actually formed in the cavities of the capillaries; that chemical and vital changes are effected in the fluids contained in them in a mass, through the agency of the nervous influence, and that it is not in the very act of escaping from them that the products of secretion are formed:" he conceives, that exhalation and absorption take place alternately in the capillaries, and that they are effected by means of the same lateral pores.

Such are the main views of Dr. Alexander. We confess the basis of his deductions has not struck us forcibly in regard to its firmness or novelty; nor has the superstructure inspired us with much confidence. The author naturally relies more on the accuracy and strength of his observations and deductions than his readers may be disposed to do; and we are satisfied that further reflection will lead him to doubt many points on which his mind appears to be at present decided.

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[1] Boston Medical and Surgical Journal, June 7th, 1837.

[2] Discoveries in Light and Vision, with a short memoir containing Discoveries in the Mental Faculties. 24mo. New York, 1836. p. 86.

[3] Purkinje, and Steinbuch, referred to in the editor's Human Physiology, 2d edit, i. 200.

ART. X.—NOTE ON THE POWER OF PROCREATING AFTER CASTRATION.

BY THE EDITOR.

A question has been asked,—whether if a man be castrated after the age of puberty, he may not be able, for a few days after the operation, to impregnate with the sperm contained in the seminal ducts and vesicles?[1] This has been generally doubted, both as regards animals and man; but there is no question of the fact in the case of the former. The testimony of Varro, given between eighteen and nineteen hundred years ago, from personal observation, is very decided. "Vaccæ enim mensibus decem sunt prægnantes. De quibus admirandum scriptum inveni; exemptis testiculis, si statim admiseris, concipere."[2] We have recently obtained the following information on this point. A valued medical friend of the editor, who practises in Baltimore, has furnished him with many facts of the kind, which fell under his own observation, or that of his friends. In one case, a boar was observed on one side of a hedge in a field of his farm striving to get at some sows—in heat—on the other side. The boar was castrated, and, no inconvenience being apprehended, he was turned loose into the field with the sows. In five minutes after the operation, he had intercourse with one of the sows, and subsequently with others. The first sow brought forth a litter, the young marked like the sire:—none of the others were impregnated.

In another case after a horse had been castrated, it was recollected that the yard had not been washed,—which, it seems, is looked upon as advisable. To save trouble, it was suggested, that the same effect might be produced by putting him to a mare then in the stable, and in heat. This was done, and in due time the mare brought forth a foal, unequivocally the result of this sexual union.

A gentleman, who is a great breeder of horses, in Saratoga county, New York, informed the editor's friend, Nicholas P. Frist, Esq., United States' consul at the Havana, that he had known several instances of impregnation after castration.

It is to be presumed that the power of procreation can exist for a short time only after the operation; yet a secretion may take place from the lining membrane of the ducts and vesiculæ, and from the prostate and other follicles, but this secretion cannot supply the place of the sperm. Sir A. Cooper[3] gives the case of a man, who stated to him, that for nearly the first twelve months after complete castration, he had emissions *in coitû*, or the sensation of emissions; afterwards he had erections and intercourse at distant intervals, but without the sensation of emission.

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[1] Pierer, Art. Castrat, in Anat. Physiol. Realwörterb. Band ii., s. 69. Leipz. und Altenb., 1818.

[2] De Re Rustica, ii., 5.

[3] Observations on the Structure and Diseases of the Testis. London, 1830.

ART. IX.—PHLORIDZINE IN INTERMITTENTS.

BY M. MATHYSEN, ELEVE INTERNE AT THE HOPITAL ST. PIERRE, BRUSSELS.[1]

In the first number of the "Intelligencer," we referred to the mode of preparing this article, and to the success obtained by Dr. Van Mons, of Brussels, from its administration in intermittents. The following are additional cases reported by M. Mathysen.

CASE 1.—Catharine Sneyers, aged forty-five, was admitted into the hospital on the 13th of May, 1836; she had been affected with a quotidian intermittent for four weeks; on the day after her admission, sixteen grains of phloridzine were given her in four doses, which arrested the fever. To prevent its return, the phloridzine was given for three days longer in gradually diminishing doses.

CASE 2.—Catharine Duray, aged thirty-six, had for nine months a tertian intermittent, which had left her two or three times, but for a few days only. When she entered the hospital on the 12th of May, the fever had not left her for several weeks. There was so much gastric irritation, that M. Van Mons determined on giving the phloridzine in clysters. He prescribed twenty-four grains in three *lavemens*. The paroxysm returned, but it was a little less violent. In two days afterwards the same quantity was given in the same manner. The fever did not return.

CASE 3.—Mary Balancourt, aged eleven years, entered the hospital on the 25th of May. She had laboured under tertian intermittent for four weeks. The day after her admission, twelve grains of phloridzine were administered to her, but the paroxysm returned. On the 28th the same dose, but the paroxysm still recurred. On the 30th sixteen grains were given, which put a stop to the fever. The medicine was given for two or three days longer, but in smaller doses.

CASE 4.—Peter Delaughe, aged twenty-seven, who had been affected for five weeks with a quotidian intermittent, entered the hospital on the 20th of May. The phloridzine was prescribed in the dose of fifteen grains. No paroxysm this day. The following day only twelve grains were given, and the fever recurred. The dose was then carried to eighteen grains, which stopped it altogether.

CASE 5.—Jane Bodouin, aged seventy-two years, had laboured for eight days under a tertian intermittent, when she entered the hospital on the 23d of May. The phloridzine, in the dose of fifteen grains, arrested it immediately.

ART. X.—CASE OF EXSTROPHY OF THE BLADDER.

BY J. PANCOAST, M. D., SURGEON TO THE PHILADELPHIA ALMS-HOUSE HOSPITAL.

Since the case of exstrophy of the bladder was printed, we have been favoured with the following communication by Dr. Pancoast:—

Philadelphia, July 7, 1837.

Dear Sir,—The case of exstrophy of the bladder, about which you enquired, occurred in a male subject, who is now about eleven years old. The malformation in this case is quite extensive, though the individual grows rapidly and appears in other respects healthy. The penis is about two inches in length, with a groove on its upper surface, which extends over an imperfect glans. The upper half of the prepuce is deficient, and there is no urethral canal. The scrotrum has no projection in relief, but its position is marked by a great number of transverse rugæ. The testes cannot be felt. The bodies of the two pubic bones have been imperfectly developed and are separated from each other an inch and a half at the middle line, giving unusual breadth to the pelvis, and a waddling motion to the gait. Above this interpubic space are the rudiments of the bladder, consisting of the *bas-fond* entire, with a small portion of the posterior wall; the mucous membrane, reddened by exposure to the atmospheric air, is united at its margin to the integuments of the abdomen. The upper part of the membrane is doubled down in a sort of fold over the *bas-fond*, which it converts into a sort of cup. In this cup the ureters terminate at the ordinary distance apart, and have the usual appearance and direction. Through their orifices the urine is constantly discharged *guttatim*, overflowing the pouch and running down upon the perineum. The drops do not take place synchronously from the orifices, and vary in number from each orifice from four to eight per minute. There is no vestige of an umbilicus. From the separation of the pubic bones, the sphincter ani muscle is deficient in its anterior attachment and but imperfectly fulfils its office. There is but little sensibility in the vesical mucous membrane, and a blunt probe introduced down the ureters till it rests against the promontory of the sacrum gives rise to no sensation.

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[1] Bulletin Médical Belge, Oct. 1835, p. 261.

Yours very respectfully,

To Professor Dunglison. J. PANCOAST.

ART. XI.—CLINICAL RESEARCHES ON PHTHISIS.

BY M. MATTHEW HIRTZ.

Clinical Assistant to the Faculty of Medicine of Strasburg.

An interesting and elaborate paper on this subject has been published by M. Hirtz,[1] which he divides into four chapters,—the *first* comprising the signs deduced from the shape of the thorax, the *second* the signs afforded by the respiratory murmur; in the *third*, he speaks of a peculiar sound or rhonchus observed in the second stage of phthisis, and which he terms *râle cavernuleux*. It does not exist at the commencement of the disease, but is heard when the tubercles begin to soften; and, as its name indicates, it appears to be produced in the small cavities formed at the expense of the softened tuberculous matter. Lastly, in the *fourth* chapter, he endeavours to estimate the value of some of the signs of the third stage of the disease.

From all his observations, connected with the subject of his first chapter, M. Hirtz considers himself authorised to conclude,—1. That in the normal state, the thorax covered by its soft parts has the shape of a cone reversed. 2dly. That in the consumptive, the thorax experiences at the top a remarkable contraction, in consequence of which the thoracic cone is inverted. 3dly. That this change of shape is generally observed from the commencement of the disease. 4thly. That it augments in a direct ratio with the progress of phthisis. 5thly. That it is always less marked and more slow in taking place in the female than in the male. And 6thly. That it is peculiar to phthisis, and may be esteemed a certain sign of tubercles. Besides this change of shape, a depression is observable in the subclavicular region, which is not the result of emaciation, and consequently of the depression of the intercostal space, but is owing to a real depression of the two or three first ribs. This depression is more remarkable as the disease is more advanced. It is met with more frequently on the right than on the left side, and always occupies the region corresponding to the seat of a cavity.

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[1] La Presse Médicale, ancien Journal Hebdomadaire, Janvier, 1837.

BIBLIOGRAPHICAL NOTICES.

Weatherhead on Diseases of the Lungs.[1]

This *polygraph*, if it may be so termed, has not impressed us favourably either as to the pathological or therapeutical knowledge of the author; the former appears to be too often superficial, the latter unphilosophical. The chapters, which are ten in number, treat of,—1. Common catarrh or cold. 2. Phthisis or consumption. 3. Dry catarrh. 4. Cough attendant and consequent on measles. 5. Gout in the lungs, or gouty cough, [!]. 6. Asthma. 7. Pleuritis. 8. Pulmonitis or pulmonic cough. 9. Hooping-cough. 10. Laryngitis catarrhalis, or hoarseness; laryngitis interstitialis or phlegnomonous laryngitis, and laryngitis pseudo-membranacea or croup, [?].

Each of these subjects has been discussed at various times in monographic form, and now that the diagnosis of chest affections is so much improved they cannot with propriety be condensed into a very small compass; yet Dr. Weatherhead compresses all that he has to say of them—besides entering into sundry therapeutical discussions—into the space of about eighty pages of the "Library!"

We cannot enter into any examination of the topics discussed by the author; but we may briefly allude to one or two. He thinks, that certain medicines exert a specific effect on the mucous membrane of the lungs. In this category he places "ammoniacum, myrrh, and squill, which increase the quantity of the secretion." Does Dr. Weatherhead mean to affirm that these agents are capable, in all cases, of increasing the secretion? If it be diminished by inflammation, and inflammation still continues, will agents, that are unquestionably excitants, restore the secretion? Myrrh, he says, in addition, has a specific effect on the lining membrane of the womb, stimulating its vessels, and "the same specific tendency shows itself in the medicinal properties of the balsams." "The determination," he adds, "is proved not only by the remarkable efficacy of these substances, in many cases wherein the mucous tissue is the seat of disease, but also by the corroborative circumstance of our being able to detect their passage out of the body by one of the mucous membranes,—that of the lungs. The fact is rendered no less undeniable than sensible by their tainting the breath with their peculiar odour. It would appear, therefore, that they enter the blood unassimilated, and are again excreted by the exhalents of the lungs, without their medicinal principle having undergone much, if any, alteration. Of this nature are ammoniacum, copaiva, balsam of Tolu and Peru, myrrh, galbanum, and asafœtida." But myrrh, we have seen, is considered by Dr. Weatherhead to have a specific action on the lining membrane of the genito-urinary organs also. Now when this drug is administered in amenorrhœa, it is rarely, perhaps, given in doses of more than six or eight grains, repeated, we may say, three times a day. Six or eight grains then

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[1] A Practical Treatise on Diseases of the Lungs, considered especially in relation to the particular tissues affected illustrating the different kinds of cough. By G. Hume Weatherhead, M. D., Member of the Royal College of Physicians, Lecturer on the Principles and Practice of Medicine, and on Materia Medica and Therapeutics, at the Blenheim Street School of Medicine, Fellow of the Royal Medical and Chirurgical Society, Consulting Physician to the Royal Westminster Lying-in Institution, Corresponding Member of the Zoological Society, &c. 8vo, pp. 184. London, 1837.

—allowing the whole—enter the mass, say thirty pounds of blood, and are gradually exhaled as the blood passes through the radicals of the pulmonary artery. But the follicles which secrete the bronchial mucus are not supplied with blood from the pulmonary artery, but from the bronchial vessels; they therefore can only be stimulated by the blood circulating in them, in the same manner as the vessels of the genito-urinary mucous membrane, and how infinitesimally minute must be the proportion of the myrrh present at any given moment in those vessels. If such a specific effect can be induced, then homœopathy ought to be no longer a subject of ridicule. All the expectorants mentioned, except those that are given with the express view of nauseating, act in the diseases mentioned, wholly as excitants, and are therefore decidedly improper when inflammation is present.

In treating of the well-known action of tartarised antimony in large doses in pneumonia, the author appears to have completely misunderstood the view with which it is administered. After describing the method adopted by Laennec, Peschier, and Polidori, but without alluding in the slightest degree to the observations of several recent authorities of distinction, he adds,—"In England we regard doses such as the foregoing, as unnecessarily large, and prefer obtaining a slight nauseating effect to full vomiting in this disease," p. 152. We thought every one was aware, that the controstimulant physicians do not administer the tartarised antimony in this disease for its nauseating or emetic properties; that, on the contrary, they consider if much nauseating or vomiting is induced, that the necessary *tolerance* is not present, and the contro-stimulant is discontinued. They regard the tartarised antimony, in other words, as an agent that possesses powers of controlling the action of the heart and arteries, but *not* "by the nausea it excites." This, we say, is the view of those who administer the tartarised antimony in large doses in the phlegmasiæ.

There are many other very disputable points in the book before us, which are not redeemed by much that is logical or precise; and withal there is frequently an obscurity in the diction which by no means tends to dispel the cloudiness produced by other causes. It would not be easy, in any modern scientific author, to find a parallel passage to the following:—

> "The disease may go on in this way for some time, without making much progress, but *its continuance* can never be relied on, and ought not therefore to be neglected; for while, on the one hand, we have known the disease in this state to be protracted for years, on the other, consumption will, at times, run through all its stages in the space of a very few weeks."—p. 47.

Broc on the Races of Mankind.[1]

We thought that the treatise of M. Broc on anatomy[2] was one of the most imaginative productions ?—although on a subject of *exact* science, as it were,—that we had ever perused; but this small "Essay" we think even exceeds it. The title imports it to be an "Essay on the Races of Mankind, considered anatomically and philosophically;" the anatomy is however extremely meagre and often most unsatisfactory; whilst, of the philosophy, perhaps the less we say the better. We shall give, however, a brief extract or two to let the reader judge somewhat of the work from the words of the author himself.

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[1] Essai sur les Races Humaines, considérées sous les rapports anatomique et philosophique. Par P. P. Broc, Docteur en Médecine, Professeur d'Anatomie et de Physiologie. 8vo, pp. 164. Paris, 1836.

[2] Traité Complet d'Anatomie Descriptive et Raisonnée, &c. Tom. 3.

The subject of the origin of the races the author disposes of in the following "philosophical" manner. Perhaps, however, he was judicious in adopting this course.

"Is the human race, formed of species so different, the product of a single first man, or did it proceed from several? In other terms, is its origin single or multiple? It is evidently impossible to reply to this question, at least if we restrict ourselves to considering it in a philosophical manner. It is enough, therefore, for me to have proposed it."—p. 18.

The author follows M. Gerdy in his division of mankind into "subgenera," the basis of which is colour. He admits four of these,—the *white*, *yellow*, *negro* or *black*, and the *red*.

The picture of the difference between the black and white varieties of our species affords M. Broc a fine opportunity for the display of his poetical talent. After quoting from Virey—himself one of the most imaginative of anthropologists—he give the following apostrophe:—

"Thus, by his moral as well as his physical organisation, the black man bears some resemblance to the animals that are nearest to man. His intellect, governed by his viscera, scarcely emits a few rare and transient glimpses; slave to the sensations, he obeys all their influences; deprived of the magnificent privilege granted to man by his Creator, he knows not how to command nature. He is thus no longer a calorific *foyer*, vivifying everything by his presence; he is no longer the sovereign of the world; his is not an intellect recognisable by its sublime manifestations, he is a miserable being, borrowing his life from the beings that surround him; slave of the first person who subjects him to chains; ignorant almost of the very name of thought, and reduced to the enjoyment of existence merely by sensations that are capable of agitating his viscera."

All this is doubtless regarded by the author as sublime, but it strikes us as belonging rather to that which is admitted to be removed but one step from it. In the following assertions, our New Orleans friends will, we suspect, find something that they will be disposed to qualify still more strongly. In speaking of the savage state, M. Broc thus expresses himself,—

"There are savages, in the vicinity of cities, who mix with the inhabitants without acquiring their manners, without reflecting a single ray of the social torch that burns around them, almost like a group of vegetables, which, without culture or art, spring up negligently in the palaces of our kings. The act which is the greatest friend of mystery, that which modesty ever veils, is with them but one of the ordinary processes of life, which ought neither to be interrupted by the light of day, nor by the observation of their fellows. Under a moving mat, with which the parties who agitate it merely cover themselves to prevent the hooting of the passers-by, man creates and woman conceives; and whilst the author of all beings formed them in the solitude of chaos, it is in a place open to every one, that the savage pair pursue tranquilly the work of the first creation."—p. 133.

In a note to this exquisite twaddle, and, by the way, the *brochure* is filled with it, we have the following veracious note:—

"In New Orleans, for example, copulation executed in this manner in the face of heaven and earth is so common, so frequent, that scarcely any one but a stranger pays the least attention to it."

So much for M. Broc!

The Cyclopædia of Practical Surgery.[1]

This is the first part of the work the prospectus of which we announced having received from the publishers in an early number of the "Intelligencer."[2] It is upon the same plan as the "Cyclopædia of Practical Medicine," and the "Cyclopædia of Anatomy and Physiology." The chief articles in the present part, and their authors, are as follows:—*Abdomen*, by Mr. Bransby B. Cooper; *Abortion*, by Dr. Ryan; *Abscess*, by Dr. Costello; *Acupuncture*, by Dr. Elliotson; *Adhesion*, *Adhesive Plaster*, *Aide*, *Albugo*, *Alese*, and *Alum*, by Dr. Costello; *Alveoles*, by Mr. T. Bell; *Alvine Concretion*, by Dr. Alex. Monro; *Amaurosis*, by Mr. Tyrrel; and *Ambulance*, by Dr. Millingen.

The xylographic illustrations are not as well executed as they might or ought to be; and we observe occasional evidences of carelessness. What article, for example, has Bérard written on "Abscess" in the *Encyclographie des Sciences Médicales?* It is a journal not a dictionary. *Ephinomena* is written for *Epiphænomena*, (p. 43); *Areteus* for *Aretæus*, &c. Accuracy is peculiarly demanded in a work of the kind, which is essentially one of reference. We observe, too, in the present part, that the writers appear to have little or no knowledge of the German, so that many valuable contributions to science, emanating from a learned and active people, can scarcely be expected in its pages. This, however, is only the first part; we hope to be able to say otherwise as the work proceeds.

Warren on Tumours.[3]

This is precisely such a book as the young surgeon must peculiarly cherish. It is the production of a skilful and experienced practitioner; originally thoroughly educated in every branch of his profession; with opportunities the most ample for testing the views of others, and for developing his own; and accustomed, withal, to the habit of communicating his thoughts in a simple, but at the same time elegant and forcible, manner to his pupils. The basis, indeed, of Professor Warren's work, is the lectures on this branch of surgical science, added to the usual course delivered by him in the medical department of Harvard University.

> "An exact discrimination between different kinds of tumours," he properly remarks, "is very important to the practitioner of surgery. His attention is continually called to these affections, and he is obliged to decide, whether they may involve the life of the patient, or are quite trivial and free from danger; whether they are to be subjected to medical treatment, or to require, what every one views with terror, a painful operation."—p. 1.

Professor Warren divides his work into fourteen sections, embracing respectively, 1. Epidermoid tumours. 2. Dermoid tumours. 3. Tumours of the cellular membrane. 4. Muscular tumours. 5. Periosteal tumours. 6. Osseous tumours. 7. Tumours of the glands. 8. Tumours of the secreting glands. 9. Tumours of the testis. 10. Tumours of the mucous glands. 11. Tumours of the vascular textures. 12. Tumours of the membranous textures. 13. Encysted tumours. And 14. Abdominal tumours. The classification is evidently not free from objections, but of this no one can be more aware than the author. He states, indeed, expressly, that the difficulties in the distinguishing of different tumours from each other are, in the actual state of our data, insuperable, (p. 2.)

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[1] The Cyclopædia of Practical Surgery, comprising a series of original dissertations on operative medicine. By an association of physicians and surgeons. Edited by Wm. B. Costello, M. D., member of several learned societies, both national and foreign. Part 1., April, 1837. 8vo, pp, 112.

[2] For April 15th, p. 35.

[3] Surgical Observations on Tumours, with cases and operations. By John C. Warren, M. D., Professor of Anatomy and Surgery in Harvard University, and Surgeon of the Massachusetts General Hospital. 8vo, pp. 607. Boston, 1837.

Prevented by the very nature of this journal from entering into any lengthened analysis of works, we can only express our conviction, having laid the bill of fare before our readers, that every one ought to partake of the repast, which is not only substantial and varied, but even luxurious. To employ the language of the booksellers, the work is admirably "got up." It is elucidated, too, by sixteen lithographic plates, representing different tumours. Some of these, however, we think, are scarcely as graphical as they might be.

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Copland's Dictionary of Practical Medicine.[1]

The fourth part of this valuable work, the appearance of which has been delayed, owing to "numerous unforeseen occurrences," has recently reached this country, and maintains the character of the previous parts. We had the pleasure of being formerly associated with the author in the editorship of the "London Medical Repository," and had numerous opportunities for appreciating the vigour and comprehensiveness of his intellect, matured by the most favourable opportunities and the closest study. Fourteen years ago, it was proposed by Dr. Copland to Dr. Gordon Smith, to Henry Earle, Esq., and to the editor of this work, to commence a "Medical Cyclopædia," which might have been carried into execution had circumstances remained identical. Dr. Copland has shown that he was fully adequate to the duty.

The present part commences with "Hectic Fever," and ends with "Hypertrophy of the Heart."

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New Western Medical Journal.[2]

This new candidate for professional favour makes the third quarterly published in the west, whilst in the east we have hitherto been able to support but one.

The present number contains *five original communications;* five articles in the *Analytical Department;* a department of *Analecta;* a *Physical Department*, and a *Miscellaneous.*

The editor is a practised writer, and we doubt not will zealously fulfil his duties.

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[1] A Dictionary of Practical Medicine; comprising general pathology, the nature and treatment of diseases, morbid structures, and the disorders especially incidental to climates, to the sex, and to the different epochs of life; with numerous prescriptions, &c. &c., by James Copland, M. D., F. R. S., Lecturer on the Principles and Practice of Medicine in the Middlesex Hospital Medical School, &c. &c. Part IV., 8vo. London, 1837.

[2] The Western Quarterly Journal of Practical Medicine, edited by John Eberle, M. D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio, &c., assisted by Professors A. G. Smith, M. D., J. Moorhead, M. D., J. Locke, M. D., J. Cobb, M. D., and J. T. Shotwell, M. D. No. 1, June, 1837. pp. 163.

British and Foreign Medical Review.[1]

We cheerfully publish the following notice of this excellent periodical. We are enabled to affirm, on the best authority, that at home its sale is steadily and rapidly augmenting, and that one thousand copies of No. IV. were disposed of within a fortnight after publication. It must be borne in mind, that the custom in England is not the same as with us. Each number is sold separately; there, the price being *six shillings*, so that the work printed in England and sent to this country, is actually furnished to subscribers here for a less sum than it can be obtained for there,—*five dollars* per annum—the subscription price—being not more than about 5*s*. 8*d*. sterling for each number.

The "British and Foreign Medical Review," the sixth number of which has lately arrived in this country, is a quarterly publication issued in London, under the supervision of Drs. Forbes and Conolly, two of the editors of the London Cyclopædia of Practical Medicine. Its contents are composed of five different departments. 1st. Analytical and critical reviews. 2d. Bibliographical notices. 3d. Selections from foreign journals. 4th. Selections from British journals. And 5th. Medical intelligence. This journal, however, does not differ so much from others, in its plan, as in the ability displayed by the contributors to its pages. The editors are amongst the most eminent of the profession in the British empire, and they have engaged the assistance of men of the first distinction in the different departments of medical science. Most of the articles are from the pens of physicians and surgeons of large hospitals and dispensaries, who have consequently enjoyed the best opportunities for becoming practically acquainted with the subjects on which they write; and the literature of the work shows that they are men of liberal education and highly cultivated minds. The result is, that we now have, for the first time, a medical review, from the British press, deserving of comparison with the most celebrated of the journals devoted to literature and general science. The articles do not consist simply of an analysis of the work subjected to examination; but of a critical digest of all the information therein contained; and of all that can be collected from other sources unnoticed by the author. The most profound research, extensive experience, and critical acumen, are brought to bear upon the subjects discussed; and the consequence is, a more satisfactory epitome of the state of medical science at the present time, than we have met in any other work which has come under our observation. The execution of the mechanical part is fully equal to the literary; and we have no hesitation in pronouncing the British and Foreign Medical Review, the first medical periodical of the world.

The agents and publishers are Messrs. Wm. & Joseph Neal, No. 174 Market street, Baltimore. A.

Baltimore, June 7th, 1837.

Gaedechens on the Physiology and Pathology of the Facial Nerve.[2]

The subject of this dissertation has given rise to much investigation and difference of sentiment. The author seems fully acquainted with every thing that has been done on the subject, and his chief object is to show

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[1] The British and Foreign Medical Review or Quarterly Journal of Practical Medicine and Surgery. Edited by John Forbes, M. D., F. R. S., and John Conolly, M. D. Editors of the Cyclopædia of Practical Medicine, Vol. iii, January—April, 1837. 8vo, pp. 594. London, 1837.

[2] Nervi Facialis Physiologia et Pathologia. Dissertatio inauguralis, &c. &c., eruditorum examini submittit Bartholdus Gaedechens Med. Chir. et Art. Obstetric. Doctor. Hamburgensis, Heidelb., MDCCCXXXII. 4to, pp. 50.

"that the facial nerve is not a mere motor nerve, as Sir Charles Bell, and those who follow him, maintain, but that it likewise communicates sensibility." Dr. Gaedechen's dissertation is divided into two parts,—the first, *physiological*, the latter, *pathological*. The first chapter of the former is "on the division of the spinal and cerebral nerves, into nerves which convey voluntary motion to the muscles, and sensibility." In this he concludes, after an examination of authorities, "that the nervus vagus is a sensific nerve, and that the muscular motions attributed to it—the motion of the muscles of the larynx and pharynx—are not to be referred to it, but to the accessory nerve." His second chapter, on the function of the facial nerve, leads him to the conclusion above stated, the minor portion, he conceives, being the sensific. The first chapter of the second part is "on diseases of the nervous system in general," and the second on the "disturbed functions of the facial nerve." In these we observe nothing new.

Rigidity of the Muscles of the Face.

Mr. Mayo, in a recent work,[1] which we may perhaps publish in the "Library," states that Dr. Mott had mentioned to him three cases of rigid atrophy in the muscles which raise the lower jaw. "The effect of the change of structure had been gradually to fix the mouth in the closed position. He had succeeded, however, by means of a suitable instrument, in forcing the jaws gradually to unclose."—p. 116.

The remark reminds us of a case which fell under our charge many years ago. A respectable lady of Virginia was affected with pleurisy, for which mercury was largely exhibited: it produced profuse salivation, caries of the maxillary bones, and almost total closure of the jaws. Some of the teeth fell out, so as to render it necessary to modify the form of the ordinary speculum oris, which was made so broad at the extremities of its branches as to rest upon the space occupied by the incisor and canine teeth. By the constant use of this instrument the jaws were gradually separated, so that she could use them in the prehension of food and in mastication, and the author has been informed that she now suffers little or no inconvenience from the sequelæ of her former unfortunate condition.

Chemistry of the Digestive Organs.

Dr. R. D. Thomson[2] infers, from experiments made by himself and others, that the stomach, in a state of health, retains a quantity of free muriatic acid, and also that dilute muriatic acid is capable of producing, by digestion with animal matter, at a temperature of 98°, a substance similar to chyme; and he expresses his opinion that this acid is therefore an important agent of digestion!

All this is as familiar to our readers as the fact that urine contains urea. The experiments themselves were instituted in this country, and we doubt not elsewhere, years ago; some are referred to in the work of Dr. Beaumont.[3] Experiments with the muriatic acid alone, with the acetic acid alone, and with the two together, were made conjointly by the editor and Dr. Beaumont, in Washington city, and by the editor and his friend, Dr. Emmet, at the University of Virginia. It is proper to remark, that when the stomach is empty, there is no muriatic acid in it, but the secretion of acid commences as soon as any substance—possessed or not of alimentary properties—is placed in contact with the mucous membrane.

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[1] Outlines of Human Pathology. By Herbert Mayo, F. R. S., &c. Professor of Anatomy, Physiology, and Pathological Anatomy, in King's College, London. Surgeon to the Middlesex Hospital. 8vo, pp. 595. London, 1836.

[2] Records of General Science, Dec. 1836.

[3] Experiments and Observations on the Gastric Juice, &c. Plattsburg, 1833.

We are somewhat surprised to observe a notice of Dr. Thomson's remarks amongst the "selections" in a late number of the "British and Foreign Medical Review," unaccompanied by any comments. The readers of that respectable periodical will naturally presume that the editors consider them entitled, at the least, to the merit of novelty.

Colles on the Venereal.[1]

Whatever propriety there may be in the feeling, that Professor Colles has not rendered justice to his cotemporaries on the subjects of which he treats in the volume before us, there is no difference of opinion as to the rare merits of his work. It is commenced in this day's "Library," and will occupy upwards of two numbers.

Statistics in regard to Legitimate and Illegitimate Children in France.

The statistics of the population of France furnish some astounding information on this subject, and exhibit the loose morality which prevails in the French metropolis, as it does more or less by the way in every large city. In a table[2] which embraces the legitimate and illegitimate births with the foundlings annually admitted into the various charitable institutions of France, during a period of ten years, commencing in 1824, the number in the department of Seine, in which Paris is situated, is given as follows:—

	1824	1825	1826	1827	1828	1829	1830	1831	1832	1833
Legitimates,	23,063	23,868	24,538	24,496	24,299	23,564	23,788	24,391	21,845	
Illegitimates,	10,713	10,606	11,147	11.013	11,148	10,615	10,711	11,044	9,885	
Foundlings,	5,425	5,456	5,585	5,609	5,671	5,487	5,341	5,803	5,139	5,008

That is, of every 100 born, 17 are admitted illegitimates and 14 foundlings.

What a striking contrast between the department of Seine and some of the inland departments, which contain no large towns,—we take that of Aveynon, for example, in the south of France: the report for 1832 gives of legitimates 10,124; of illegitimates, 656; and of foundlings, 472; that is, in every 100 born, under 6 illegitimates, and rather more than 4.19 foundlings.

University of Maryland.—We learn that at their meeting on the 5th inst., the Trustees of the University of Maryland appointed Dr. Henry Howard, of Brookville, Montgomery County, Professor of Midwifery and the Diseases of Women and Children, in the place of Dr. R. W. Hall, who, with his colleagues, Drs. Potter, and R. E. Griffith, had recently withdrawn from that institution. Dr. Howard has accepted the appointment.

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[1] Practical Observations on the Venereal Disease and on the Use of Mercury. By Abraham Colles, M. D., one of the surgeons of Doctor Steevens's Hospital, and lately Professor of Surgery in Ireland. 8vo, pp. 351. London, 1837.

[2] Documents Statisques sur la France, publiés par le ministre du commerce, section ii. *Population.* Tableau 5. Paris, 1835.

Error in the "Encyclographie des Sciences Médicales."—In the number of the "Encyclographie" for March last, there is a singular error, relative to an article on the medical institutions of the United States, written by the editor of this journal. Some of the information comprised in that article is placed in the "*Encyclographie*" under the head of "The American Journal of the Medical Science," and at the end of the article it is credited to the "Baltimore Medical Journal," which has no existence! The article was really published in the fourth and fifth numbers of the "British and Foreign Medical Review," and how this jumble could have been occasioned in the mind of the *redacteur* of the "*Encyclographie*" is not readily conceivable. We have, moreover, to object to his inaccuracy as a copyist. He states, that "the *University of Pennsylvania* only has its diploma in English and in the simplest language." The statement in the original is the *University of Virginia.*

Provincial Medical and Surgical Association.—This reunion of the members of all branches of the profession, in England, has been followed by marked advantages. The attention drawn to various subjects of science, by the appointment of reporters, has elucidated many of these; and good feelings amongst the members of the profession have been the consequence of their annual intercourse. Such has likewise been the effect of the annual meetings of our own state medical societies. These meetings have been well attended, and such would doubtless be the effect of a more extended rendezvous of the members of the profession from every part of the Union, could such a thing be effected. It is indeed impossible to calculate the advantages that might result from it. Sectional feelings would be diminished; professional asperities or jealousies be softened or abolished; a more uniform system of medical education amongst the different and distant institutions be established; and a wide-spread feeling of increased activity and usefulness be engendered, from which science and humanity could not fail to be extensive gainers.

We have recently received from England a communication respecting the *Provincial Medical and Surgical Benevolent Society*, by Dr. W. Conolly, the treasurer pro tem. This society is an emanation from the "Provincial Medical and Surgical Association." The outline of it was proposed at the first anniversary meeting, in 1833, by Dr. Baron, and at the meeting in 1835, it was determined, that a fund be accumulated by subscriptions and donations applicable to the following purposes:—

1. To the relief of contributors who may be unable, through sickness or casualty, to continue in the performance of their professional duties.
2. To the relief of widows and children of contributors.
3. To relief under temporary and unfavourable difficulties.
4. As temporary loans, at the discretion of the committee.

Committees have been appointed in different parts of England, the main object of which has hitherto been the collection of funds. The mode of distributing them was to be defined afterwards by a code of laws to be submitted to the consideration of the association. This code, which was doubtless presented at the last meeting of the association, we have not yet received.

Another Death from Morison's Pills.—Another verdict has been rendered against the venders of these pills. A Mrs. Russel had suffered occasionally from constipation. For two years before her death she had been in the habit of taking the pills for what she called "windy dropsy and a pain in the kidneys." On the 9th of August last, she applied to a man of the name of La Mott, residing at Hull, complaining of illness. From that moment the pills were perseveringly administered until she sank. The morbid appearances of irritant poisoning were found in the stomach and especially at the pyloric orifice. The mucous membrane of the intestines was softened throughout. For the defence, witnesses were called, who deposed, as usual, to having taken the pills with benefit. La Mott was tried at the York spring assizes, found *guilty*, and sentenced to nine months' imprisonment.[1]

Phrenology.—The medical congress of Belgium have decided by a majority, that it is neither good nor useful to diffuse, in the way of instruction, the knowledge of phrenology; in other words, "that phrenology does not merit the honour of forming a part of university education.[2]

Number of Physicians in Connecticut.—It appears from the lately published proceedings of the president and fellows of the Connecticut Medical Society, that the number of licensed physicians in that state is *three hundred and seventy-four.* Taking the number in each of the counties, and the population in 1830,[3] we may deduce the following ratio of medical advisers to the population in that state.

	Population.	Number of physicians.	Ratio to the population.
Hartford County,	51,141	64	1 in 800
New Haven,	43,847	70	1 626
New London,	42,201	47	1 898
Fairfield,	46,950	46	1 1021
Windham,	27,082	43	1 630
Litchfield,	42,858	56	1 765
Middlesex,	24,845	22	1 1130
Tolland,	18,702	26	1 720
	297,626	374	

The proportion in the whole state is about 1 physician to 800 inhabitants.

Medical College of Georgia.—The catalogue of students, for the last year, shows an increase, in the numbers that resort to this rising institution, of one third. Forty-six attended during the last session, and fifteen received the degree of doctor of medicine.

Determined to render the course of instruction still more useful, the trustees have added two new professorships, the one of *Physiology and*

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[1] London Medical Gazette, for March 25, 1837, p. 976; and London Medical and Surgical Journal, for March 18th, 1837, p. 937.

[2] Bulletin Médicale Belge; Janvier, 1837.

[3] Darby and Dwight's Gazetteer of the United States. New York, 1832. This work is sufficiently accurate for a rough estimate; but, like most statistical works, it contains multitudinous errors. The population of the counties of Connecticut is given differently in different parts of the work.

Pathological Anatomy, the other of *Institutes of Medicine and Medical Jurisprudence.* To the former, Dr. Geo. M. Newton, Adjunct Professor of Anatomy and Physiology, has been appointed; to the latter, Dr. Ford, hitherto Professor of Chemistry in the Institution. The chair of chemistry has been conferred on Dr. Charles Davis, Professor of Chemistry in the Medical College of South Carolina. With the last gentleman we have the pleasure of a personal acquaintance. He is well versed in his subject; an excellent lecturer; and his accession to the school must be a subject of congratulation to every friend of the institution.

Sir Astley Cooper.—At a recent levee, this distinguished surgeon, who is sergeant-surgeon to the king, received the grand cross of the Royal Hanoverian Guelphic order. Sir Astley was presented to the king by the Duke of Wellington.

Medical College of South Carolina.—Dr. Charles Davis having resigned the chair of chemistry, Dr. Wm. Hume has been transferred from the chair of anatomy to that of chemistry and pharmacy, and Dr. B. B. Strobel has been appointed Professor of Anatomy.

Lithotripsy.—A recent number of the "Boston Medical and Surgical Journal,"[1]—whose editor, amongst many commendable points, deserves great credit for the regularity with which his subscribers are favoured with the "Journal,"—contains the details of a case of lithotripsy, performed on Dr. Silas Tomkins, of New Bedford, the narrator. Dr. Tomkins awards great praise to Dr. Randolph "for the very careful as well as skilful manner in which he uses so powerful an instrument as the *brise-pierre-articulé* of M. Jacobson."

NECROLOGY.

M. Dubois.—This eminent surgeon, the pupil of Desault, died in Paris, on the 30th of March last, in the 81st year of his age. He was born at Gramat, and having studied at the college of Cahors, set off for Paris, at the age of twenty, where he is said to have arrived with two sous and a half in his pocket. He obtained employment as a teacher, and by this, with the copying of law papers, he managed to support himself and to carry on his medical education. He soon after procured an introduction to Desault, who had the penetration to discover his merit, and under whose countenance he procured employment as a private teacher of anatomy. About the end of the reign of Louis XVI. he was appointed professor of anatomy, and rose progressively to the highest eminence as a surgeon. He was remarkable for his judgment, self-possession, and manual dexterity. He was an eloquent lecturer, and was greatly respected as a teacher.[2]

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[1] June 21st, 1837, No. XX, 310.

[2] London Medical Gazette, for April 15, 1837, p. 87.

BOOKS RECEIVED.

Synopsis Morborum Cutaneorum, ad novos ordines digestorum. Dissertatio inaguralis pathologica, &c. &c. Publice defendet auctor Theodorus Glasmacher, Coloniensis. Berolini, 1835.

Ueber den Markschwamm der Hoden. Vom Dr. Otto Baring, practischem Arzte und Wundarzte in Hannover, mit 4 lithographirten tafeln. 8vo, pp. 235. Götting. 1833.

Lectures on the Morbid Anatomy of the Serous and Mucous Membranes. In two volumes. By Thomas Hodgkin, M. D., Demonstrator of Morbid Anatomy, &c., at Guy's Hospital, &c. &c. Vol. I. On the Serous Membranes; and, as appended subjects, parasitical animals, malignant adventitious structures, and the indications afforded by colour. 8vo, pp. 402. London, 1836.

From the Author.—Surgical Observations on Tumours, with Cases and Operations. By John C. Warren, M. D., Professor of Anatomy and Surgery in Harvard University, and Surgeon of the Massachusetts General Hospital. 8vo, pp. 607, (with sixteen plates). Boston, 1837.

From the Author.—Purpura Hæmorrhagica, its Causes and Treatment. By David King, Jr., M. D. (Fiske Fund prize dissertation of the Rhode Island Medical Society). 8vo, pp. 38. Boston, 1837.

From the Author.—A Discourse on some of the Diseases of the Knee Joint; delivered before the Massachusetts Medical Society, at their annual meeting, May 31, 1837. By George Hayward, M. D., Professor of the Principles of Surgery, and of Clinical Surgery, in Harvard University, and Surgeon to the Massachusetts General Hospital. 8vo, pp. 28. Boston, 1837.

From the Author.—Chemical Diagrams; or concise views of many interesting changes produced by chemical affinity. By Jacob Green, M. D., Professor of Chemistry in Jefferson Medical College. 24mo, pp. 90. Philadelphia, 1837.

From Dr. Barclay, a pupil of the Author.—Observations on Obstetric Auscultation, with an analysis of the evidences of pregnancy, and an enquiry into the proofs of the life and death of the fœtus in utero. By Evory Kennedy, M. D., Licentiate of the King and Queen's College of Physicians in Ireland, Lecturer on Midwifery and the Diseases of Women and Children at the Richmond Hospital School, and late assistant to the Dublin Lying-in Hospital, with an appendix containing legal notes. By John Smith, Esq., Barrister at Law. 12mo. pp. 288. Dublin, 1833.

From Professor E. H. Barton.—The Circular of the Medical College of Louisiana, and—Introductory Lecture on Auscultation, delivered at the opening of the third session of the Medical College of Louisiana. By E. H. Barton, M. D., Professor of the Theory and Practice of Medicine, &c. &c. 8vo, pp. 17. New Orleans, 1837.

ACKNOWLEDGMENTS.

The editor's thanks are due to Drs. Pancoast and Mease, of this city, and to Dr. Addison of Pittsburg, for their communications. He likewise embraces this occasion to tender his most grateful acknowledgments to Drs. Dieffenbach, of Berlin, and Drs. J. C. G. Fricke and F. W. Oppenheim, of Hamburg—the distinguished editors of the Zeitschrift für die gesammte Medicin—for the but too complimentary dedication to him of the first volume of their excellent journal for this year.

THE

AMERICAN MEDICAL INTELLIGENCER.

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Art. I.—ON PUTRID ANIMAL EXHALATIONS.

BY THE EDITOR.

In discussing the subject of malaria, especially that which gives rise to intermittent and remittent fever, we have affirmed, that such disease is never, perhaps, produced by animal putrefaction, and rarely disease of any kind; that we had practised to some extent in the vicinity of the workshops of the "knackers," whose occupation it is, in the large cities of Europe, to convert the dead horse to various useful purposes,—cats' and dogs' meat, bones for the distillation of hartshorn, &c.;—that although the atmosphere is intolerably fetid to the casual visiter, neither the workmen nor the families around are liable to any malarious, or to any, disorder, which can be fairly referred to that cause;—that, in the year 1828, a committee was appointed, in Paris, to enquire into the circumstances connected with the operations of the knackers, and every one, examined by the committee, agreed, that they were most offensive and disgusting, but no one that they were unwholesome; nay, it was even inferred, that they were conducive to health, as all the men, women, and children, concerned in the works, had unvarying health, were remarkably well in appearance, and strong in body, the workmen commonly attaining old age, and being generally free from the infirmities that accompany it, and when an epidemic fever was in full force, not one of the workmen in the establishment of Montfaucon being affected by it;—that the gut-spinner, whose occupations, prior to the discovery of the disinfecting power of the chlorides, by Labarraque, were most offensive, owing to the putridity of the macerated intestines, enjoyed remarkable health; and, lastly, that although the tainted air of the dissecting room is breathed month after month, and for many months, by hundreds of students in different parts of the globe, no endemic fever is generated.[1]

All these affirmations have been severally confirmed in a recent French publication, by a *hygienist* of distinction.[2] In the first place, as respects the "knackers," or *chantiers d'équarrisage*, the filth and stench of whose operations are described as horribly offensive,—M. Parent-Duchatelet describes the establishment at Montfaucon, to which allusion has been made, as immense; the number of horses taken to it, either dead, or to be killed, being twelve or thirteen thousand annually. The men are described as enjoying the most flourishing health; the women as most fruitful, and the children as pictures of healthful energy. Of the health of the manufacturers he speaks in equally strong terms; and he adds, that the workmen in the *chantiers* were remarkably exempt from disease during the prevalence of cholera in Paris. There were fewer patients admitted into the Hospital Saint Louis, which is situated in the district of the *chantiers*, than into any other hospital of the metropolis.

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[1] On the Influence of Atmosphere and Locality, &c. constituting Elements of Hygiène, p. 108. Philadelphia, 1835.

[2] Hygiène Publique, par A. J. B. Parent-Duchatelet. 2 tom. Paris, 1836.

Lastly, as respects the dissecting rooms, a wide field is afforded in Paris for testing whether they are unwholesome to the students and attendants, or to the inhabitants in the vicinity. In the hospital at which we ourselves dissected, La Pitié, between twelve and fourteen hundred subjects are received annually, and at the *Ecole de Médecine*, about a thousand! but besides these a great number of bodies are used in the dissecting rooms attached to the other hospitals. M. Parent unhesitatingly expresses his conviction, that there is no ground for the belief that the dissecting rooms are *foyers* of morbid emanation. In support of this position he adduces numerous facts, and the decided opinions of Lallemand, Desault, Dubois, Dupuytren, Boyer, and many others; and as regards the effect of the dissecting room on the health of the students and persons attached to and employed in them, his testimony is no less unequivocal. He states, and he brings forward the testimony of M. Andral, M. Lawrence, and others, in confirmation, that there is no disease whatever to which they are liable from exposure to the cadaveric emanations; that gastro-enteritis, meningitis, and typhoid fevers, are very frequent, according to M. Andral, among the students during the first year of their stay in Paris, but these diseases depend so little upon the mere circumstance of dissecting and remaining in the dissecting rooms, that they are more common amongst those who have not begun to dissect. Desault was in the habit of saying that he firmly believed the air of the dissecting rooms had saved him from attacks of epidemic and other diseases, of which those hospital physicians and surgeons, who seldom or never dissected, appeared to be much more susceptible than he.

As a cause, then, of malarious fever, putrid animal emanations cannot, we conceive, be invoked.

ART. II.—ON THE USE OF NUX VOMICA IN GASTRALGIA.

BY DR. M. HUSS.[1]

In the autumn and winter of 1834–5, Dr. Huss was called upon to treat various cases of gastralgia, some of which were the result of attacks of cholera. In most cases the disease was pure neuralgia, but in some it was of an inflammatory character. The most prominent symptoms were—violent gnawing pain in the stomach, with vomiting after taking food or drink, and regurgitations,—sometimes of an acid, at others of a rancid nature. The subnitrate of bismuth, although given in large doses—half a dram in the day—often failed; and, in these obstinate cases, Dr. Huss administered the nux vomica. An oleaginous cathartic was first given, and a sinapism applied over the region of the stomach, after which a grain and a half of nux vomica, with ten grains of magnesia, was prescribed four times a day.

[1] Tidskrift für Lökare och Pharmaceuter, Jul. 1835; s. 262, and Zeitschrift für die gesammte Medicin, von J. F. Dieffenbach, u. s. w. Marz, 1837, s. 393.

Every third day the dose was somewhat increased, but it never exceeded two and a half grains. After the use of these means the patient experienced a sensation of warmth and diminution of the pain in the stomach, and recovered in from eight to twelve days. Constipation was at times occasioned, but this was removed by the use of the oleum ricini.

Art. III.—STATISTICS OF CHOLERA.

BY DR. G. F. MOST, OF ROSTOCK; THE LATE SIR DAVID BARRY, &C.

We extract the following report of the mortality from cholera in certain European cities, from the article "Cholera," of Most's Encyclopädie der gesammten medicinischen und chirurgischen Praxis, u. s. w. The table is compiled from official weekly reports.

W—*weeks.* S—*sick.* D—*deaths.*

W	Petersburg.		Moscow.		Berlin.		Hamburg.		Vienna.		Prague.		Lübeck.		Rostock.	
	S.	D.	S.	D.	S.	D.	S.	D.	S.	D.	S.	D.	S.	D.	S.	D.
1	201	96	225	97	64	36	34	19	765	303	9	6	2	2	24	13
2	1979	838	—	—	163	107	178	88	442	153	25	9	2	1	8	7
3	3492	1772	—	—	336	162	269	138	391	200	69	31	10	6	34	21
4	1655	884	1395	677	217	153	152	91	509	274	329	144	61	41	128	73
5	659	426	1069	617	249	175	108	49	434	226	461	244	311	180	200	97
6	302	217	650	394	251	195	52	32	339	228	272	142	224	138	119	75
7	165	91	594	304	271	164	55	25	326	185	340	126	130	64	65	57
8	80	52	430	203	239	148	26	13	281	126	367	158	172	89	36	20
9	99	40	213	95	135	104	15	8	—	—	338	149	225	108	36	21
10	84	36	144	61	141	84	7	7	—	—	445	134	—	—	17	10
11	41	29	107	75	64	49	5	2	—	—	249	106	—	—	13	2
12	30	10	90	59	36	25	12	5	—	—	234	67	—	—	—	—
13	18	9	88	57	22	11	12	4	—	—	112	42	—	—	—	—
14	—	—	101	65	—	—	6	7	—	—	86	33	—	—	—	—
15	—	—	89	63	—	—	7	3	—	—	—	—	—	—	—	—

The above table applies only to the first attack of epidemic cholera in each of the places. The population of the different cities in the year 1831 is thus given in Cannabich's Geographie, 13th edit., 1832:—Petersburg, 446,895; Moscow, 246,545, (and in winter 60,000 more); Berlin, 236,803; Hamburg, 125,000; Vienna, 276,584; Prague, 117,000; Lübeck, 25,000; and Rostock, 19,024; in all, 1,493,851 souls. Of these 20,000 died of this frightful malady in less than two years.

We add,—*Statistics of Epidemic Cholera in England*, from facts furnished by the late Sir David Barry.

The first case of the disease officially acknowledged by the Central Board of Health, occurred in Sunderland, on the 23d of October, 1831.

After Sunderland had continued a whole month to be the only place in Great Britain known to be affected by the disease, two cases were reported from Newcastle upon Tyne, towards the end of November, and from that period may be dated the spread of the epidemic from place to place.

In the daily returns furnished by the central board to the government, made up from those sent in from day to day, by local boards, the cities, towns, and districts, named as infected, on the 15th of each month respectively, during the whole period of the epidemic, stand (in regard to the number of places returned) as follows: (1)—*the metropolis not included.*

The *places* declared *free* from the disease in the intervals between the dates, are not comprehended in these numbers:—

TABLE.

Nos. 2 and 3 exhibit the total number of attacks and deaths in each month, including the metropolis, from November 1831, to 31st December, 1832.

Year.	Month.	1 Places or districts suffering from the epidemic, on the 15th of each month.	2 Attacks.	3 Deaths.	4 Proportion of deaths in each month, out of 100 attacked during the epidemic.
1831	November	1	319	97	0.3
	December	5	697	282	0.9
1832	January	6	2,149	614	2.0
	February	11	2,462	708	2.3
	March	12	3,188	1,519	5.0
	April	19	2,708	1,401	4.5
	May	16	1,700	748	2.4
	June	36	3,579	1,363	4.4
	July	42	12,162	4,816	15.7
	August	52	23,851	8,875	28.6
	September	88	15,616	5,479	17.7
	October	63	9,278	4,080	13.1
	November	23	2,166	802	2.0
	December	8	328	140	0.4
	Totals		80,203	30,924	100.0

Of the 1,200 local boards of health, established by orders in council, only *forty-five*[1] sent in general statistic returns to the central board,—

These returns comprehended a population of 840,662 individuals,
Of whom were attacked . . . . 10,918, or 1.3 per cent.
" died . . . . 4,152, or 0.49 per cent.
nearly 1 in 200 of the living.

Of the attacked were children under ten years of age .	2,017
Male adults	4,374
Female ditto	4,527
	10,918

DIED.

Children	799
Male adults	1,630
Female ditto	1,723
	4,152

Treated in hospitals.	2,419
" in patients' dwellings.	8,499

Died in hospitals	1,137
" in patients' dwellings	3,015
Total deaths	4,152

38.5 per cent. of the cholera patients died; and if the mean duration of the cases was seven days, the intensity of annual mortality would be nearly 2,000 per cent. In the *Prussian State Gazette*, Feb. 19, 1832, it is stated, that 52, 773 individuals were attacked, and that 30,927 died of cholera in all the Prussian provinces: the mortality of the patients was therefore 58.6 per cent. In *France*, the mean annual mortality in 1825—9, was 2.55 per cent.; in 1832, it was 2.87, an increase of 0.32. Instead of 1 in 39.4, 1 in 35.9 died. The number of deaths when cholera reigned, was 933,733; in the six preceding years the mean was 813,079; so that, allowing for the increased population, cholera carried off at least 100,000 persons, in a population of 32,560,934.[1]

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[1] In these returns are included Bristol, Bilston, Wolverhampton, Manchester, Oxford, and Sheffield.

As a medium of comparison we insert the following table of the ratio of deaths to the population and the sick, in some of the cities of this country, in 1832,—as given by Professor Jackson, of the University of Pennsylvania.[2]

Places.	Population	Cases.	Deaths	Ratio of cases to population.	Ratio of deaths to cases.	Ratio of deaths to population.
Quebec	32,000	5783	3292	1 in 5+	1 in 2.5	1 in 10.5
Montreal	28,000	4385	1853	1 6.5	1 2.5	1 15+
New York . . .	140,000	5547	2782	1 25.3	1 2.	1 15.5
Philadelphia . .	160,000	2314	935	1 70.	1 2.5	1 173.2

ART. IV.—ON THE BAD EFFECTS OF EXPOSURE TO THE NIGHT AIR IN MALARIOUS REGIONS.

BY JAMES MEASE, M. D.

Dear sir,—The following account of the deleterious effects of exposure to the malaria of an unhealthy district for a few hours, is a fair *pendant* to the remarks made in a former number of the "Intelligencer."[3] I took down the facts from the mouth of one of the sufferers.

On the 24th August, 1817, five citizens of Philadelphia city and vicinity went to Warton Point, Kent Co., Maryland, on the Choptank river, opposite to Poole's island. They consisted of Timothy Caldwell, Jacob Lybrand, Wm. King,—Hibs, and Giles Briggs. A steamboat conveyed them to Newcastle, Delaware, where they stopped one night, and the next day they proceeded to French Town, on the Elk river, and to the point by stage. They arrived at 10 o'clock, A. M., and remained there until Saturday evening, the 30th August, after sundown, when they repaired to the beach, and made a fire as a signal to Captain Trip to steer to them when coming up from Baltimore in the steamboat. The bank of the river was forty feet high, the beach gravelly, the night clear, with a strong northwest wind, blowing, all the time they remained, over a marsh six miles wide and several miles long. When they left home the sun shone brilliantly and hot, and not adverting to a possible change of weather, they were all clad in summer dresses. Had they been sons of the "Emerald Isle" they would have known, that "any fool might take an overcoat when leaving home in the rain, but that it requires a sensible man to be thus provided when the sun shines." Although they made a "rousing" fire, which the passengers on board the steamboat informed them they saw at the distance of twenty miles, when at the mouth of the Patapsco, they nevertheless felt the penetrating and chilling effect of the moisture from the extensive marsh, and the cool wind to which they were exposed. The boat did not take them up until ten o'clock, and landed them at French Town at one; there they took stage to Newcastle, whence in a steamboat they reached Philadelphia the next day (31st August) at eleven o'clock.

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[1] British Medical Almanac for 1836, p. 123.

[2] Cholera Gazette, p. 246, and American Journal of the Medical Sciences, for Nov. 1832.

[3] For June 15th, p. 97.

Timothy Caldwell was the first of the company attacked, viz. On Thursday, the 4th Sept., at 10 A. M., with a rattling chill when half a mile from home, whither he immediately repaired, and was confined with a severe fever, and its effects, for six weeks. Jacob Lybrand, whom he met on the way, was seized with a similar symptom on the Sunday after (Sept. 8th) and was buried that day week. Wm. King died about the same time. Giles Briggs was also attacked but recovered. Hibs died on Tuesday, 16th September.

I recollect another instance of the fatal effects of exposure to the night air of an unhealthy climate, which was mentioned in the newspapers about ten years since. A number of English passengers bound "home" from Calcutta, were detained from some cause at the mouth of the Hoogly, when they resolved to go on shore and have a dance. They did so, but ten or twelve paid the penalty of their imprudence with their lives.

Many similar cases on record could be referred to. Those I now give will be useful to some readers of your journal who may not be aware of the danger they incur by exposure to the causes of disease I relate.

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Since writing the above paper I met with the following facts in a highly interesting account of the *Ovahs*, a race of people in the interior of Madagascar, by Captain Locke Lewis, of the British army.[1]

"The year before I went to Madagascar, that is, in 1816, Sir Robert Farquhar sent a party of our countrymen, consisting of thirty-two persons, on a mission to Radama. The party arrived safely at the capital, but the day after they were afflicted with a disease producing fainting fits, swellings on various parts of the legs and body, ague and fever, and only eleven returned to relate the sad fate which had befallen their comrades. Three of this number died on their passage to Mauritius, and in six months from the period of the expedition setting out only five were alive, and four of these were in a very sickly state. I may add, that among all who either accompanied me or visited Madagascar during my stay at Mauritius, a period of eight years, only two or three have survived."

I learn, by the way, from the attending physician of the Price family of Harlingen, in New Jersey, three in number, who fell victims to putrid exhalations in October last, that they were all employed in cleansing a well containing but little water, and that very offensive. It is not stated, but we must presume that the solid contents of the well were equally pestiferous. "Mrs. Price was taken ill on the 5th, Price and his daughter on the day following. The symptoms in all were similar. They complained of great distress of the stomach, with retchings, but little vomiting, great heat and thirst, hands and feet cold, pulse small, and not much increased, great prostration of strength, furred tongue, dry and parched, no delirium, some stupor,—evacuations offensive, and affording no relief. Miss P. died on the 10th, Price on the 12th, and his wife the next day."

Neither the foregoing nor those cases related in the previous number of the "Intelligencer," are given as novelties, but merely as cautions for farmers and others to avoid exposure to the malarious influence, or deadly effluvia of marshes, especially in the night, and to the sources of bad air day or night;[2] and considering that *seven human beings* owed their deaths to the most absurd conduct, in not guarding against the causes of their diseases, it certainly cannot be considered otherwise than importont to draw the attention of all to the sources of the deadly influences recorded. Half a bushel of chloride of lime, the expense of which is trifling, if it had been thrown into Price's well, would have so completely destroyed the fœtor of its contents, and so decomposed the putrid effluvia, as to have permitted it to be cleaned with impunity. Greater folly than in the cases just alluded to is seen every winter, committed by persons who perish from the most wanton exposure to fumes of charcoal, which substance they ignite and take into their sleeping apartments to increase their temperature; and not a summer passes without several deaths being announced in the newspapers of others who lose their lives from breathing the same air under a different form, when separated from the atmosphere into which it enters as a component part, and from its greater specific gravity descends into wells they are cleansing out, or into pits intended to form wells. With respect to this gas I will state a fact that I have never seen mentioned, and which is highly worthy of record. This is the sudden formation of it. Before the introduction of the Schuylkill water into the city of Philadelphia, the late Thomas Dixey, a well-known pump-maker, and very respectable man, told me, that he had often known this foul air, or choke-damp, to form during the interval that his men had been absent at dinner from their work, and hence the means of ascertaining whether the air in the wells is respirable or not were always subsequently tried by him whenever he renewed his operations after being once suspended. The never-failing proof of the respirable quality of the air in wells, or brewers' vats,[1] is a lighted candle continuing to burn freely when let down, a precaution which should never be omitted. On this subject, and on the means of freeing wells from the foul air within, I have treated at length in my additions to Willich's "Domestic Encyclopædia," so long ago as the year 1804. JAMES MEASE.

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[1] Jour. Geogr. Soc. Lond., vol v., part 2d, p. 237.

[2] In malarious regions, the dangers of such exposure are well known, and where the emanations are in a very concentrated state, they are most lethiferous. A few years ago, we attended in Virginia, in consultation, a family from Boston, who were detained on the James river for two or three nights in August, the heat being so great that the cabin windows were compelled to be kept open. The family consisted, as far as we recollect, of six persons, of whom five were attacked with a most pernicious malarious fever; of these, three, the mother and two children, died.

In a recent work, entitled "A Clinical Treatise on the Endemic Fever of the West Indies, intended as a guide for the young practitioner in those countries," by W. G. Evans, Esq., (London, 1837,) the author has given some facts highly illustrative of the concentration and destructive influence of malaria in that portion of the globe.—*Ed.*

Chesnut St., July 15, 1837.

ART. V.—PREVENTION OF HYDROPHOBIA.

TO THE EDITOR OF THE MEDICAL INTELLIGENCR.

Sir,—The notice yesterday in a newspaper of a death from hydrophobia reminds me of a duty I have too long neglected to perform,—to call the attention of the profession to a preventive for this most horrible malady.

I will not pretend to say that it is a perfectly certain antidote, for this I am not warranted in saying; but I can confidently assert, that in six or eight cases of persons bitten by rabid animals, in which I have tried it, in no one of them did hydrophobia follow. My old master in medicine, from whom I received the remedy, always maintained that it was a perfect prophylactic, and he was abundantly skeptical in medicine. He obtained his knowledge of the medicine in question from a quack doctor in or near Norristown, in whose hands it acquired immense celebrity.

I am perfectly aware, that many animals are supposed to be rabid which are not so, and that, even among persons bitten by animals absolutely rabid, hydrophobia may not follow in a majority of the cases, though nothing should be done; yet, making every allowance for these exceptions, it is hardly possible, much less probable, that the remedy should be tried for thirty or forty years, and by three different persons, too, without, as they asserted, a single failure, did it not possess very decided virtues. Independently of these considerations, it is the more worthy of a trial as it does not usurp the place of any remedy of established efficacy, and as it will not interfere with the exhibition of any other, or every other, means gentlemen may be disposed to adopt.

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[1] Two cases of death from men descending into vats to clean them have occurred in Philadelphia within a few years past.—*J. M.*

But while troubling you with arguments I am detaining you from the remedy. It is, then, the turpeth mineral (sub-sulphate of mercury) given in a dose of from one to five grains, according to the age of the patient, and repeated the second day after. The quack doctor, from whom the knowledge of the article is derived, relied on a single dose, and, however long after the receipt of the injury, making no local applications to the wound. He was in the habit, however, of ordering the patient to drink freely of chick-weed (*alsine*) tea; but the virtue, I believe, resided in the mercurial, the chick-weed only served to mystify the patient. A.

July 5, 1837.

ART. VI.—BOTANICAL MEDICINE.

The following history of the "Thomsonian System," as it is called, as well as of its founder, is taken from the "Report of the New Haven County Medical Society," which we noticed in a former number. It shows forcibly on what little foundation a system of empiricism may rest, by which, notwithstanding, thousands of credulous individuals may be daily gulled, to the advantage of few except the too often designing and mercenary pretenders.

"Samuel Thomson, who claims to be its founder, was born in New Hampshire, in 1769.[1] He claims to have discovered his 'emetic weed' (lobelia) when he was four years old. He was brought up to hard work upon a farm. At eight years of age he seems to have taken his first lessons in medicine of an old woman who lived in the neighbourhood of his father's, who was skilled in the use of 'roots and herbs,' and who, he affirms, cured him of canker-rash. He appears to have had no education, not even such as is the privilege of the most destitute nowadays in New England. He early became dissatisfied with the 'regular doctors,' and, consequently, began to prescribe for himself, and subsequently for his neighbours and friends. In 1805, his practice had become so extensive that he found it impossible to attend to his farm, and as he 'had always a very strong aversion to working on a farm,' 'the reason of which he could not account for,' [his own words,] he finally, after 'having maturely weighed the matter,' 'concluded to make use of that gift [his own words again] which I thought nature or the God of nature, had implanted in me; and if I possessed such a gift, I had no need of learning, for no one can learn that gift.' And he 'immediately thought of what St. Paul says concerning the different gifts by the same spirit; one had the gift of prophecy; another, the gift of healing; another, the working of miracles.' After these reflections, he concluded to consecrate his life to the exercise of his 'gift in healing the sick,' (his favourite mode of expression.) Since that period, he appears to have seen much hard and various service, and has spent his time in Portsmouth, Boston, Maine, and other parts of New England. Most of the latter part of his life seems to have been occupied in forming botanical societies, selling his 'family rights,' (the right of using his patent for families,) establishing agencies, and quarreling with his agents, who, by his own account, (doubtless a true one,) have taken every opportunity to defraud him and usurp his honours. . . . . One Horton Howard, an agent for the western country, sold, in three and a half years, eighty thousand dollars worth of rights! In order to get a settlement with him, Thomson was obliged to sacrifice about seven eighths of what should have been coming to him!

"Thomson appears never to have studied medicine at all, in any of its branches. All his discoveries he claims to have fished up from the depths of his own understanding; though his knowledge of disease and of remedies (such as it is) has evidently been picked up among the grandmothers and nurses of our country—those living repositories of traditional medical lore, for whom we entertain, of course, a most profound respect. Though very clearly a man of considerable shrewdness, and for aught we know, mainly honest in his intentions, he gives proofs of the most perfect ignorance of what we call medical science. He shows himself entirely unacquainted even with botany, about which his followers make such a flourish. When applying for his first patent in 1813, he was obliged to go to Dr. Mitchell for the botanical names of the plants he used. As it regards anatomy, physiology, pathology, chemistry, &c., they are not even mentioned in his book, except so far as they are understood or *mis*-understood by matrons and nurses. He says not one word from which we may infer that he ever saw the interior of a man. He professes great success in surgery and midwifery, as well as physic, notwithstanding.

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[1] "Our facts are all taken from his Narrative of his own Life, and New Guide to Health, written by himself, and edited by Abner Kneeland."

"What may be called *Doctor* Thomson's *theory*, *invented by himself* (we call him *doctor* to show that we are willing to share the honour of the title with any body who claims it), seems to be a mutilated copy of a very ancient one, originally the property of one Hippocrates, (who lived some three thousand years ago,) the remains of which are still to be traced among the medical wiseacres of our land—those skilled in traditional medical knowledge. It had its birth, of course, before the dawn of accurate science. We give the gist of the theory, as *discovered* by Dr Thomson, in his own words.

"'I found, after maturely considering the subject, that all animal bodies are formed of the four elements, earth, air, fire, and water. Earth and water constitute the solids, and air and fire, or heat, are the cause of life and motion. That cold, or lessening the power of heat, is the cause of all disease; that to restore heat to its natural state was the only way in which health could be produced; that the constitutions of all mankind being essentially the same, and differing only in the different temperament of the same materials of which they are composed; it appeared clearly to my mind, that all disease proceeded from one general cause, and might be cured by one general remedy; that a state of perfect health arises from a due balance or temperature of the four elements; but if it is by any means destroyed, the body is more or less disordered. And when this is the case, there is always an actual diminution or absence of the element of fire or heat; and in proportion to this diminution or absence, the body is affected by its opposite, which is cold. And I found that all the disorders which the human family were afflicted with, however various the symptoms, and different the names by which they are called, arise directly from obstructed perspiration, which is always caused by cold, or want of heat; for if there is a natural heat, it is impossible but there must be a natural perspiration.'"

. . . .

"'Cold,' the doctor continues, 'is the cause of all disease'—for instance, fever, itch, small-pox, the inflammation which follows a *scald*, salivation from calomel, and, we suppose, broken bones and pregnancy, for we have noticed that Thomsonians steam for both! But if cold is such an enemy to life, how happens it that people should live in Lapland, or why should they die under the equator? But the doctor himself says, in another place, that bad food is a cause of disease, and in another that filth is a cause, and in a hundred other places, that sickness is produced by the 'regular doctors!' On one occasion, he estimates that nine tenths of all the sickness of our country is caused by calomel, opium, antimony, and the lancet! Can it be necessary to say more of Thomson's *theory?*

"Thomson's principal remedies are the following. We prefix the numbers and names by which they are known.—No. 1. Lobelia. No. 2. Capsicum, or red pepper. No. 3. The bark of the root of the bayberry, and the inner bark of the hemlock tree. No. 4. A spirituous infusion of bitter herb, (balmony,) barberry bark and poplar bark. No. 5. A decoction of poplar bark, bayberry, and peach meats, or cherry stone meats, with sugar, &c. No. 6. High wines, myrrh, cayenne, and sometimes spirits of turpentine. *Composition powder.* Bayberry, hemlock, ginger, cayenne, and cloves. *Nerve powder.* The root of the lady's slipper."

ART. VII.—INFLUENZA.

The Zeitschrift für die gesammte Medicin[1] contains a communication by Dr. D. A. Assing, relative to this epidemic at Hamburg, with accounts of the affection as it exhibited itself in London and Paris, derived from the correspondence of the editors, but we do not think there is any thing worth extracting as an addition to the lecture of M. Andral, published in this number of the "Library." Dr. Assing gives the following comparison between the mortality in January and December 1836, and January 1837. There died in January 1836, 466 persons; in December 1836, 364 persons; and in January 1837, 836 persons.

	Ages.	January 1836.	December 1836.	January 1837.
Between	20 and 30	35	28	48
	30 40	35	45	68
	40 50	36	29	58
	50 60	36	38	90
	60 70	55	36	128
	70 80	37	36	117
	80 90	12	10	37
	90 100	4	2	3
	102			1
	Diseases.			
Apoplexy,		33	41	67
Inflammation of lungs and pleura,		24	8	165
Catarrhus suffocativus (Stickfluss),		11	9	38
Phthisis pulmonalis,		64	57	151
Marasmus senilis,		48	44	101

BIBLIOGRAPHICAL NOTICES.

Hayward on Diseases of the Knee Joint.[2]

Unlike the generality of orators, Prof. Hayward has chosen a subject of utility, rather than one of display. "A practical object," he remarks, "seems to be most suitable for this occasion. The design of the annual discourse is not so much to impart information as to elicit it; and this can be best effected by treating on some obscure point connected with our profession, and thus exciting further enquiry and observation."

The subjects treated of by Dr. Hayward, are—1. Of inflammation of the synovial membrane. 2. Of morbid change of structure of the synovial membrane. 3. Of ulceration of the cartilages. 4. Of the disease of the articulating surfaces of the bones of the knee joint.

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[1] Edited by J. F. Dieffenbach of Berlin, and J. C. G. Fricke, and F. W. Oppenheim, of Hamburg. Band. iv, Heft 4. April 1837.

[2] A Discourse on some of the Diseases of the Knee Joint; delivered before the Massachusetts Medical Society, at their annual meeting, May 31, 1837. By George Hayward, M. D., Professor of the Principles of Surgery and of Clinical Surgery in Harvard University, and Surgeon to the Massachusetts General Hospital. 8vo, pp. 28. Boston, 1837.

They are handled with Dr. Hayward's accustomed ability.

The peroration is a favourable specimen of the author's style.

"Permit me, in conclusion, Mr. President, to congratulate you, and the Fellows of this Society, on the auspicious circumstances under which we have assembled. This institution has been incorporated almost sixty years; and, since its reorganisation, in 1803, it has steadily advanced in prosperity and usefulness. Its members have increased from thirty,—which was the whole number at its establishment,—to almost six hundred; and we may indulge the hope, that, before the return of another anniversary, it will find in its ranks every well-educated physician in this commonwealth.

"It was founded for the purpose of raising the standard of medical education, of elevating the profession, and of guarding the public against the arts of the ignorant and designing. It has no sinister purpose to accomplish, and seeks no other aggrandisement than what it gains by increasing the acquirements and respectability of its members. It is capable of exerting a salutary influence on the community and on the profession; and if it fail to do this, it will be because we do not keep in view the objects for which it was established. It may, for a time, be misrepresented and misunderstood; but if the members are true to themselves, and to the great objects for which it was founded, the benefits which it confers on the public will be felt and acknowledged by all. Let us cling, then, with affection, to our time-honoured society, and, by acting up to its principles, we shall make it an instrument of good to our fellow-men, and a means of advancing the dignity and honour of our profession.

"While there are many agreeable associations connected with this occasion, it cannot fail, also, to bring with it feelings of a melancholy character. Every year takes from us some of our number; and that which has just drawn to a close has called to their final account several esteemed and respected members of our society.

"Some of them had passed long lives with an honourable reputation; and, after having devoted themselves faithfully to the interests of humanity, were gathered in a ripe old age, 'full of years and full of honours.'

"Others were in the vigour of manhood, rich in experience, active, faithful, and intelligent, diligently exerting the powers of their minds, and diffusing their stores of knowledge for the benefit of their fellow-men. In the midst of their usefulness, they were summoned, by an inscrutable providence, at a moment when their lives seemed to be of the most value to the world. And others, again, were called away when they were just entering on the great theatre of life, young and ardent, full of hope and promise; and thus were blasted, in a moment, the fond expectations of anxious friends. While we lament their loss, let us gratefully cherish their bright example and honourable name."

Green's Chemical Diagrams.[1]

The author's design in publishing this little volume, as he states in his preface, is to present to the chemical student, by the aid of diagrams, some of the most important changes produced by the reciprocal action of bodies on each other. It is divided into four parts. Part 1. Embracing oxygen and its combinations with elementary bodies. 2. Chlorine and its combinations with elementary bodies. 3. Iodine and its combinations with elementary bodies. And 4. Bromine and Fluorine.

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[1] Chemical Diagrams, or concise views of many interesting changes produced by chemical affinity. By Jacob Green, M. D., Professor of Chemistry in Jefferson Medical College. 24mo, pp. 90. Philadelphia, 1837.

To give more interest to his pages, Professor Green has added a few historical facts and some practical remarks on the detection of poisons.

As a companion to more extended treatises on the science—and it is so intended by the author—there can be no question of its value, and we can conscientiously recommend it to the chemical student.

M. Chevallier on the Solution of Gravel and Vesical Calculi.[1]

The investigations that gave rise to this essay were suggested by the discussions that have arisen between the lithotomists and lithotritists,[2] which led the author to infer, that whatever might be the mode of operating, and whatever the skill of the operator, a goodly number of those affected with calculi die from the operations undertaken for their removal. M. Chevallier determined to see whether the subject of solvents had been sufficiently examined, and whether fresh researches by the chemists might not be of service. With this object he examined into the merits of various reputed lithonthriptics, and went to Vichy to make experiments upon the water, which is of an alkaline nature, and had recently been recommended by M. Petit, as well adapted for the removal of calculi.

M. Chevallier's main conclusions are as follows:—1. That the action of chemical agents upon calculi have not been sufficiently numerous, and that the interests of humanity require fresh investigations. 2. That simple water taken by the first passages or in the way of injection, possesses a solvent power. 3. That many mineral waters are proper in calculous affections; some by the large quantity of water which the patient takes in this manner, others by the alkaline salts they contain. 4. That lime water forms with uric acid a very soluble salt—the urate of lime; and that it is probable it may act also on phosphatic calculi, either by removing a portion of the uric acid which they contain, and diminishing their density, or by acting also on the animal matter which binds the particles of the calculi together. We should differ, however, largely from M. Chevallier in the latter part of this conclusion. In the case of a phosphatic deposition we should expect nothing but mischief from the administration of an alkali or alkaline earth; the phosphates exist in the urine in health in the state of super-phosphates, and if any alkaline substance should reduce them to the condition of neutral phosphates, they could not fail to be more largely deposited, the neutral phosphate being insoluble. These remarks apply equally to his conclusion regarding the use of magnesia. 7. That the action of dilute acids is proved to be serviceable, but their adaptation requires much caution. M. Chevallier ought to have stated, that whilst alkalies are serviceable in the uric acid depositions, acids are obviously appropriate in the phosphatic. And, lastly, he thinks the best mode of bringing the agents in contact with the calculi is to inject them into the bladder.

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[1] Essai sur la Dissolution de la Gravelle et des Calculs de la Vessie. Par A. Chevallier, Chimiste, Membre de l'Académie Royale de Médecine, du Conseil de la Salubrité, Professeur Adjoint à l'Ecole de Pharmacie. 8vo, pp. 172. Paris, 1837.

[2] The discussions which have taken place on this subject in France remind us of the controversy of old, regarding the methods of lithotomy of Lecat and Leblanc, between the pupils of these celebrated surgeons.

"Sur la bonté d'un lithotome,
Trois fameux supôts de Saint-Côme
Sont aux prises depuis vingt mois.
Le mien vaut mieux; le mien de même:
Le mien aussi dit un troisième.
D'accord; ils valent mieux tous les trois."

Of which we have attempted the following version:—

"On the value of a lithotome
Three famous supôts of Saint-Côme
For twenty months the point contest.
My own 's the best; nay, mine 's preferr'd,
And mine also exclaims the third.
Ah, well! agreed. They 're all the best."

The last sections of the work are "on calculi of the bladder, their characters, and the means of discriminating them."

Caldwell on Physical Education, &c.[1]

This reprint of two of his pamphlets, with remarks so complimentary, must be peculiarly gratifying to Dr. Caldwell. We have already expressed our own sentiments respecting the talents and acquirements of that gentleman, and are glad to find that he is properly appreciated elsewhere; for whatever bias there may be in the minds of his British editors on the score of the accordance of their views on phrenological questions, they are remote from those sources of incorrect appreciation which are always apt to exist around an author in his own country, especially if the tenor of his life has been at all chequered. "Dr. Caldwell," says Mr. Combe, "is well known as one of the most clear, forcible, and eloquent writers in the United States; and he is as much distinguished for the depth and soundness of his philosophical views, as for his great talent in expounding them."

Puchelt's System of Medicine.[2]

The first volume of this elaborate work, which is on general pathology and therapeutics (allgemeine gesundheits-und Heilungslehre), is in its second edition (Heidelberg, 1835). The remaining volumes are on special pathology and therapeutics (besondre Krankheits-und Heilungslehre).

The classification adopted by the author, is into—1. Diseases of the functions and organs of sensibility. 2. Diseases of the irritable functions and organs. 3. Diseases of the reproductive functions and organs, (the term reproduction, Puchelt employs in a different signification from us; amongst the diseases he reckons gastricism, and the affections of the lymphatic system, of sanguification, nutrition, secretion, and excretion.) 4. Diseases of the productive functions and organs, (sexual diseases.) And 5. Diseases in several parts of the body, (poisoning, venereal diseases, scrofula, rickets, chlorosis, scurvy, &c.)

The work is greatly esteemed in Germany, but it cannot, we think, be placed in the same rank as many of the works in other departments which have emanated from his countrymen.

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[1] Thoughts on Physical Education, and the true mode of improving the condition of man; and on the study of the Greek and Latin Languages. By Charles Caldwell, M. D. Professor of the Institutes of Medicine and Clinical Practice in Transylvania University. With notes by Robert Cox, and a recommendatory preface by George Combe. 12mo, pp. 190. Edinburgh, 1836.

[2] Das System der Medicin im umrisse dargestellt und vorzüglich seinen Zuhörern gewidmet von Friedr. August Benjamin Puchelt, der Philosophie, Medicin, und Chirurgie Doctor, grossherzogl. bad. Hofrathe, ord. öffentl. Professor der Pathologie and Therapie, u. s. w. 8vo, Band. iv. Heidelberg, 1827–35.

Statistics of Suicide. By Dr. Schlegel, *of Meiningen.*

In a recent article on suicide,[1] Dr. Schlegel gives the following table of the proportion of suicides in different parts of Europe, and in three of the cities of this country. It is obviously impossible, however, that the enquiring mind should be satisfied, unless the whole of the data for the table were adduced. So far as it goes, it confirms the views which we expressed on a late occasion,[2] as to the inaccuracy of the idea that Great Britain is *par excellence* the "classic land of suicide."

Russia.	(St. Petersburg),	1 in	416
England.	London in the 18th century,	1	10,572
	" in the 19th "	1	21,491
France.	(Paris, department of the Seine),	1	2,215
Switzerland.	(Geneva),	1	3,714
Germany.	Berlin 1788 to 1797	1	23,066
	— 1798 1807	1	12,917
	— 1813 1822	1	3,312
	Hamburg, ...	1	4,800
	Leipzig, ...	1	3,143
Italy.	Milan, ...	1	18,021
	Naples, ...	1	27,230
United States.	New York, . . .	1	9,474
	Baltimore, . . .	1	15,696
	Philadelphia, . . .	1	20,000

Granting these numbers to have a certain degree of foundation in truth, it is an interesting, although complicated, enquiry for the physiologist to appreciate, as far as practicable, the causes that can have given rise to the great difference between different years;—for example, in the case of Berlin, in the period between 1788 and 1797, and that between 1813 and 1822, the proportion of suicides being *seven times* greater in the latter case than in the former.

Menstrual Blood.—Professor Retzius, of Stockholm, affirms that he has discovered free phosphoric and lactic acids in menstrual blood, by which, he conceives, the fibrine is kept in solution and prevented from coagulating.[3]

University of Maryland.—The Trustees of the University of Maryland have recently made the following appointments:—Dr. Robert E. Dorsey, of Baltimore county, Professor of Materia Medica; and Dr. M. A. Finley, of Washington county, Professor of the Theory and Practice of Physic. The chairs of surgery and chemistry, and the demonstratorship of anatomy, have yet to be supplied.

Graduates of the University of Virginia.—At the close of the session, on Tuesday, the 4th of July last, the degree of Doctor of Medicine was conferred on the following gentlemen: Leroy H. Anderson, of Mobile, Alabama; Alex. W. Bentley, Alabama; Benjamin E. Cobb, Southampton, Va.; Edwin H. Conway, University of Virginia; T. Dupuy, Louisiana; Wm. R. Hacket, Louisa, Va.; Joseph H. Hawkins, Spotsylvania, Va.; Joseph T. Hawkins, Louisiana; Littleton J. Johnston, Northampton, Va.; Hawkins Stone, Stafford, Va.; A. W. Upshur, Northampton, Va.; Overton D. Watson, Albemarle, Va.; Eldred White, Tennessee; David C. Winfree, Manchester, Va.

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[1] Zur Kunde einzelner Fälle des Selbstmordes, u. s. w. Journal der practischen Heilkunde, von Hufeland und Osann. Oct. 1836. s. 3.

[2] American Medical Intelligencer, June 15, 1837. p. 105.

[3] Ars Berättelse af Setterblad, 1835. Seite 19; referred to in Zeitschrift für die gesammte Medicin. Marz, 1837. s. 390.

College of Physicians and Surgeons, New York.—We learn that Dr. Alban G. Smith, recently Professor of Surgery in the Medical College of Ohio, has been appointed Professor of the Principles and Practice of Surgery in this institution, in place of Dr. A. H. Stevens, resigned. The regents have given notice, that they will appoint an Adjunct Professor of Anatomy.

NECROLOGY.

M. Desgenettes.—This distinguished veteran—who was created baron for his medical services in the army, was Professor of Hygiène in the *Faculté de Médecine* of Paris, formerly *Médecin-en-Chef* of the imperial army, and Member of the Institute and of the Académie Royale de Médecine—died in Paris on the 3d of February last. The *Faculté de Médecine*, a deputation from the Institute, and from the *Académie de Médecine*, a great number of *savans* and literati, with the pupils of the *Ecole de Médecine* accompanied his body to the cemetery. Several discourses were pronounced over his grave, and amongst them one by M. Bouillaud in the name of the Faculté. His *Eloge* contained a full biographical sketch of the distinguished deceased.

M. Desgenettes was born at Alençon, in 1762; he was educated at Montpellier, where he graduated in 1789. In 1793, he was appointed *Medecin ordinaire* to the army of Italy. In the year vi., he was appointed chief physician to the army of England, as it was called, but really the army destined for Egypt, and which was subsequently called the army of the East. To Egypt he accompanied it, where he acquired immense honour for his philanthropic exertions during the existence of the plague, and for his courage and devotion, which led him to inoculate himself with the matter of that dread disease, in order, to use his own expression, "that he might reassure the imagination and the tottering courage of the army." It was here, too, when asked by Napoleon to administer deadly doses of opium to the sick to prevent them from falling alive into the hands of the Turks, that he gave the firm reply,—"My duty is to save," ("*Mon devoir, a moi, c'est de conserver.*")

As a reward for his services in Egypt, particularly at Saint Jean-d'Acre, M. Desgenettes was appointed, by the Directory, Adjunct Professor of Medical Physics and Hygiène at the *Ecole de Santé*, since the *Faculté de Médecine.* On his return to France, in 1802, he was favourably received by the first consul, and appointed Chief Physician to the Military Hospital of Paris, and, eighteen months afterwards, Inspector General of Health to the Army. In 1802, he published his *Histoire Médicale de l'Armee de l'Orient.* In 1805, he was sent to Spain to enquire into the epidemic prevailing at Cadiz, Alicante, and Malaga; and, in subsequent years, he accompanied the victorious arms of his country to Prussia, Poland, &c. In the disastrous retreat from Moscow, he was taken by the enemy, but was set at liberty by the Emperor Alexander. "During the short period of the first restoration," says M. Bouillaud, "he had the honour to suffer, and lost some of his places."[1] In the hundred days, he was named Médecin-en-Chef of the Army, and of the Imperial Guard, and was at the fatal battle of Waterloo. After the hundred days he lost both those places, but in 1819 he was restored to the Council of Health of the Army. In 1822, in an éloge of Hallé, he made use of certain expressions relating to that professor's religious opinions, which gave occasion to some tumult amongst the students, and led to the suppression of the Faculty by the government, but after the revolution of July, he and the other displaced professors who were still alive were restored to their chairs.

M. Desgenettes' contributions to medical literature have not been numerous.

BOOKS RECEIVED.

From the Author.—A Treatise on the Radical Cure of Hernia by Instruments; embracing an analysis of the mechanical properties of the various trusses now in use, a description of the new instruments invented by the author, and general directions to patients for the safe employment of these instruments, with hints to surgeons in their application, &c., with numerous illustrations. By Heber Chase, M. D., Honorary Member of the Philadelphia Medical Society, &c. 8vo, pp. 195. Philadelphia, 1836.

From the Author.—Statistics of the Deaf and Dumb in the state of New York, the United States, and in varous countries of Europe. By T. Romeyn Beck, M. D. (From the Transactions of the New York State Medical Society.) 8vo, pp. 23.

From the Author.—A Narrative of the Dissolution of the Medical Faculty of Transylvania University. By Lunsford P. Yandell. 8vo, pp. 10. Nashville, 1837.

From Professor John B. Beck, of New York.—A Thesis on the Cataract, with some remarks on the eye. By Arthur B. Stout. Presented to the Faculty of the College of Physicians and Surgeons, of New York, for the Degree of Doctor of Medicine, April, 1837. 8vo, pp. 56. New York, 1837.

From Prof. Charles Davis, of Georgia.—Report of the Medical Committee on the Thompsonian System of Practice, in the House of Representatives of the State of South Carolina. December 10, 1836.

A further Enquiry concerning Constitutional Irritation, and the Pathology of the Nervous System. By Benjamin Travers, F. R. S., Senior Surgeon to St. Thomas's Hospital, &c. &c. 8vo, pp. 444. London, 1835.

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[1] La Presse Medicale, Fevrier, 1837.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. August 15, 1837. No. 10.

Art. I.—"VULGAR ERRORS" IN MEDICINE.

BY THE EDITOR.

Under this title we purpose canvassing, from time to time, various topics, which may be placed either under the unquestionably erroneous or the doubtful. On some of these, well-founded difference of sentiment may exist; but in all disputed cases we shall honestly state our own conviction. The "Vulgar and Common Errors" of Sir Thomas Brown formed one of his most useful and instructive productions; and it would perhaps be well, that in every age a similar work should appear. We smile at the credulity of our forefathers as depicted in the works that have descended to us; but we doubt not that there were then reflecting and cautious observers, who by no means yielded their implicit assent to many of the beliefs of the day, or who were wholly dissatisfied with them, yet were fearful to combat them openly.

Several of the subjects which we propose to discuss belong to the curious, but not one of them can fail to be at the same time useful; by exhibiting in bold relief the sources of error, and placing them as beacons to present and future enquirers, to enable them to avoid similar fallacies.

No. I.—*Relics of the Doctrine of Signatures.*

> "Seek out for plants and *signatures*,
> To quack of universal cures."—*Hudibras.*

It is strange—amidst the incongruous notions of former periods—that there ever should have been a time when it was universally believed, that every natural substance, which possesses any medicinal virtue, indicated, by an obvious and well-marked external character, the disease for which it is a remedy, or the object for which it is employed; that every plant, for example, had its "signature," as it was termed, and that whereas turmeric is of a yellow colour, it must be capable of curing the jaundice,—that the *euphrasia*, or "eye-bright," having a black spot on its flower resembling the pupil of the eye, must be an excellent application in affections of that organ;—that inasmuch as the *pulmonaria*, or "lungwort," resembles, in its leaves, the texture of the lungs, it must be good in pulmonary affections; and, for the same reason, the *hepatica*, or "liverwort," in affections of the liver, &c. &c.

This doctrine—in its extensions at least—acknowledged as its founder the renowned Paracelsus, who boldly affirmed, that to doubt it was to accuse the Divinity of trifling, his infinite wisdom having devised such outward visible characters to place the study within the reach of the limited powers of the human mind; but as these signatures were very convenient for the fanatics,[1] seeing that they dispensed with the necessity for reflecting on the virtues of medicines, Paracelsus attributed them chiefly to the influence of the stars, and affirmed, that observation of the favourable constellations was an indispensable condition in the appropriate use of medicines. "Remedies," said he, "are subjected to the will of the stars, and directed by them. See, therefore, whether the heavens are favourable before prescribing any medicine."[2]

But the great apostle of the doctrine of signatures was Oswald Crollius, of Hesse, who was physician to the Prince of Anhalt, and became even a counsellor to the Emperor Rodolph the Second. He was an ardent propagator of the system of Paracelsus, and we are indebted to him for a succinct and accurate account of the whole of the theosophy of that erratic enthusiast. For nothing, however, is he more distinguished than for his treatise "*De signaturis rerum*," which is wholly conformable to the theory or rather to the visionary speculations of Paracelsus. "Every plant," says Crollius, "is a star, and every star a plant; the stars give to the plants their virtues, which they express by signatures."[3] In proof of this he states that the leaves of the *sempervivum tectorum* resemble the gums, and therefore are antiscorbutic; that the flowers of the *convallaria maialis* resemble drops, and therefore are valuable in apoplexy, (*gutta*); that the roots of the bryony resemble a swollen foot, and are therefore good in dropsy; and that the *hypericum* or St. John's wort derives its name from υπερ εικονος, *quasi sit supra spectra*, and is consequently the best means to be opposed to witchcraft;—the last, by the way, is an extension of the doctrine, the resemblance being in this case between the name appropriated to the plant and its functions, not deducible from any obvious and well-marked external character in the plant itself. Again, the lungs of a fox were esteemed a specific for asthma, because the fox is remarkable for being strong-winded. Poppies in their shape resembling the head are good for its diseases; the polished surface and stony hardness, which characterise the seeds of the *lithospermum officinale*, or common gromwell, were esteemed a certain indication of their efficacy in calculous disorders; for a similar reason, the roots of the *saxifraga granulata*, or white saxifrage, gained great reputation in the same affections;[4] and the roots of the different orchideæ, owing to their shape being like that of the testicle, were esteemed sovereign in diseases of the genital system. Of these last, old Gerarde treats most learnedly in his "Herball,"[5] chapter 110, wherein he thus speaks of "dogs' stones" and "the kindes." "Stones or testicles, as Dioscorides saith, are of two sorts, one named *cynosorchis* or dog's stones, the other *orchis serapias* or serapias stones. But because there be many and sundry other sorts differing one from another, I see not how they may be contained under these two kinds only; therefore I have thought good to divide them as followeth: the first kind I have named *cynosorchis*, or dog's stones; the second *testiculus morionis*, or fool's stones; the third *tragorchis*, or goat's stones; the fifth *testiculus*

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[1] Sprengel's Geschichte der Arzneikunde ix. 2.

[2] Paragram 2, p. 219.

[3] Croll. Basilic. chym. præfat. admonit., p. 23. De Signaturis Rerum, p. 19, and Sprengel. op. citat. ix. 3.

[4] Paris's Pharmacologia, 4th Amer. edit., by Dr. Beck. p. 25. New York, 1831.

[5] The Herball, or general history of plants, p. 205. London, 1636.

odoratus, or sweet smelling stones; or after *Cordus*, *testiculus pumilio*, or dwarfe stones." All these varieties were considered, however, to possess analagous virtues. "Dioscorides writes," says Gerarde, "that it is reported that if men do eat of the great full or fat roots of these kinds of dog's stones, (he is now speaking especially of the *cynosorchis*) they cause them to beget male children, and if women eat of the lesser dry or barren root which is withered or shriveled, they shall bring forth females;" but with due caution he adds,—"These are some doctour's opinions only;" and he concludes,—"It is further reported, that in Thessalia the women give the full and tender root to be drunk in goat's milk, to move bodily lust, and the dry to restrain the same."

A recent quaint and learned writer has referred to many other examples adduced by the believers in the doctrine of signatures,[1] which, although expanded by Paracelsus, Crollius, and others, is as old as holy writ.

The root of the mandrake, owing, it is supposed, to its resemblance to the human form, was esteemed a remedy against sterility, and this opinion must have been entertained in very early periods, for we find that Rachel demanded from her sister the mandrakes which Reuben had gathered in the field; impressed, it would appear, with a belief in the efficacy of the plant against sterility.[2] It was a common opinion among the ancients, that the seed of the mandrake taken inwardly purges the uterus, and J. Bauhin thinks it probable that Rachel being acquainted with this property might be desirous of the mandrake apples, so that after cleansing the uterus by their means, she might be the better disposed to conceive.[3] "Great and strange effects," says Gerarde, "are supposed to bee in mandrakes, to cause women to bee fruitfull and beare children, if they shall but carry the same neere to their bodies. Serapio, Avicen, and Paulus Ægineta, write, that the seed and fruit of mandragoras, taken in drinke, do cleanse the matrix or mother; and Dioscorides wrot the same long before them."[4]

At the present day all would admit, that the doctrine of signatures is most strange and irrational, yet, what is equally so, the practice emanating from it will still be found to prevail in many civilised portions of the globe. So difficult is it to disembarrass ourselves of opinions and beliefs that have been handed down from one to another for ages! The turmeric is yet given occasionally in jaundice; the euphrasia is still in the pharmacopœias of Brunswick, Spain, Paris, and Wirtemberg, and its German name Augentrost ("eye comfort") sufficiently indicates its reputation; the lungwort still holds its place in some of the European pharmacopœias, as well as the liverwort and the houseleek. The last has indeed retained much of its former fame. It is found in the pharmacopæias of Amsterdam, Anvers, Holland, Belgium, Brunswick, Spain, Paris, Ferrara, Geneva, Hamburg, Oldenburg, Russia, and others. The same may be said of the lily of the valley, the bryony, the gromwell, the saxifrage, and the mandrake. All occupy places in officinal works on the materia medica, for which they were indebted originally to the notions entertained of their virtues in the days of medical theosophy. It is chiefly, however, in the pharmacopœias of continental Europe, that we meet with these and other relics of ancient credulity. Most of them have been banished from the officinal works of Great Britain and this country, although we constantly hear of them in popular practice. But few practitioners, we presume, would be disposed to retain them on learning the occasion of their first introduction. The enquiry into their history is therefore not without its use; by learning the credulity of former ages we are warned against the same failing, and taught to scrutinise rigidly the various remedies that form the yet overstocked catalogue of the materia medica, to discover whether there may not still be articles which are admitted there, that may be entitled to no more confidence than those which were suggested by the doctrine of signatures. This doctrine must be regarded as the earliest example of that whose foundation and maxim are, *similia similibus curantur.*

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[1] The Doctor, vol. i. p. 124. Amer. edit. New York, 1836.

[2] Genesis, xxx. 14.

[3] Sir T. Brown's Enquiries into Vulgar and Common Errors, chap. vii. London, 1659; and James's Medicinal Dictionary, article Mandragora, vol. ii. London, 1745.

[4] Herball, Lib. ii., 353.

ART. II.—ULCERATED BUBO TREATED BY CHALYBEATES.

BY M. CULLERIER,

Physician to the Hopital des Vénériens, Paris.

In a recent periodical,[1] a reference is made to several cases of ulcerated buboes of an unhealthy character, appearing to be complicated with a sort of hospital gangrene, which occurred in the wards under the care of M. Cullerier. The base of these ulcers was tumid and covered with a grayish sanies; the edges were inverted and bloody, and instead of proceeding towards cicatrisation, they seemed disposed to extend more and more by invading the surrounding tissues.

This condition was generally observed in persons who had been long in the hospital, and who exhibited emaciation, debility, and some traces of scurvy. In these cases, M. Cullerier made use of the subcarbonate of iron with great success, mercury most commonly aggravating the symptoms. Under the influence of the chalybeate, the general condition was soon modified, and the cicatrisation of the ulcers took place rapidly.

The following is one of the many cases that occurred to M. Cullerier:—

"A wine merchant's man, aged twenty-eight years, was admitted into the *Hôpital du Midi* to be treated for numerous chancres on the penis, and for an enormous bubo occupying the whole of the inguinal region of the right side. A blister was applied to the most prominent part of the tumour, and on the next day the denuded skin was covered with a pledget of lint dipped in a solution of sulphas cupri (in the proportion of a dram to an ounce of water); on the falling off of the eschar it was found necessary to give issue to the pus by the lancet. After the matter was discharged, the swelling scarcely diminished in size. Frictions were made use of to the swollen glands by means of mercurial ointment; but it was soon necessary to suspend this treatment, the gums being swollen and ulcerated at their base. The hydriodas potassæ was substituted for the mercurial ointment. At the expiration of a month, another opening was made by the application of lapis causticus (potassa cum calce). The ulcerated bubo at that period presented the most unfavourable appearance. Its edges were inverted, its base black and bleeding; leeches were frequently applied to its interior, but without any kind of success. The following month a third opening was made, and fresh leeches were appled to the middle of the ulcers; the pills of Sedillot[1] were then prescribed, but a fresh salivation rendered it imperative to suspend their administration. At length, after the excision of a portion of the dead skin, leeches were again applied frequently in the ulcers, but as unsuccessfully as before.

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[1] La Lancette Française, Fevrier 7, 1837.

"The patient, after three months' suffering, became considerably weakened; the ulcers were funguous and livid, their base was bloody, the surrounding skin bluish; the gums bled with the greatest ease; all seemed to indicate a scorbutic habit. M. Cullerier thought it then advisable to have recourse to chalybeates. He prescribed a potion with half a dram of the subcarbonas ferri. At the end of eight days he increased the dose to a dram. The effects of this treatment were so apparent, that in the course of a few weeks, there scarcely remained more than the recollection of this frightful sore, which had resisted the application of such a variety of means. About a month after the use of the chalybeates this man left the hospital perfectly cured.

Art. III.—DR. T. R. BECK'S STATISTICS OF THE DEAF AND DUMB IN THE UNITED STATES.

In an article in the "Transactions of the New York State Medical Society," recently published, Dr. Beck has given the following table of the proportion of deaf and dumb in the several states of the Union:—

States.	Population.	Deaf and Dumb.	Proportion.
Maine	399,455	185	1 in 2159
New Hampshire	269,328	144	1 1870
Massachusetts	610,408	265	1 2303
Rhode Island	97,199	60	1 1619
Connecticut	297,675	300	1 992
Vermont	280,652	158	1 1776
New York	1,918,608	885	1 2167
New Jersey	320,823	222	1 1445
Pennsylvania	1,348,233	797	1 1691
Delaware	76,748	44	1 1744
Maryland	447,040	231	1 1935
Virginia	1,211,405	549	1 2206
North Carolina	737,987	313	1 2357
South Carolina	581,185	243	1 2391
Georgia	516,823	204	1 2533
Alabama	309,527	112	1 2763
Mississippi	136,621	41	1 3332
Louisiana	215,739	70	1 3081
Tennessee	681,904	200	1 3409
Kentucky	687,917	349	1 1971
Ohio	937,903	435	1 2156
Indiana	343,031	144	1 2382
Illinois	157,445	66	1 2385
Missouri	140,455	35	1 4013
Michigan	31,639	15	1 2109
Arkansas	30,388	14	1 2170
Florida	34,730	11	1 3157
District of Columbia	39,834	14	1 2845
		6106	

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[1] These pills are made by adding three parts of *mercurial ointment* to two parts of *soap* and one part of *powdered liquorice.* Each pill is made to weigh from four to six grains.—*Ed.*

In his researches, Dr. Beck was struck with two circumstances,—*first*, the remarkable diversity in the proportion of the deaf and dumb occurring in various states. "Thus," he says, "even if we exclude Connecticut, on account of her extensive asylum, and which undoubtedly increases her ratio, it still seems difficult to explain why the northern states should have a larger proportion than the southern, or again, why the proportion of Rhode Island, which joins Massachusetts, should be so much greater than that of the latter state. If we examine the counties in a particular state, we find, for example, that the county of Wayne, in the state of New York, with a population of 37,788, has 41 deaf and dumb, while Ontario, an adjoining county in the same state, with a population of 40,870, has only 8."—(p. 10.) The *second* point that impressed Dr. Beck was, the apparently rapid increase of the deaf and dumb. It is true, he remarks, that the facts on this point are not numerous, but all that we have tend to show this. We extract the following proportions applicable to the state of New York, at three different periods:—

Year.	No. of deaf and dumb.	Population.	Proportion.
1825	644	1,616,458	1 in 2510
1830	885	1,918,608	1 2167
1835	1070	2,174,517	1 2032

In addition to the increase observed in the state of New York, Dr. Beck refers to similar facts connected with the states of Vermont and Pennsylvania.

The facts contained in this communication relative to the much greater prevalence of deaf-dumbness amongst the free blacks than the slave population, and the statistical details which Dr. Beck gives in reference to European countries are highly interesting to the enquirer into vital statistics.

ART. IV.—TREATMENT OF AMAUROSIS BY APPLYING CAUSTIC TO THE CORNEA.

It appears that M. Lisfranc is in the frequent habit of applying caustic to the cornea in cases of mydriasis and amaurosis. He considers it much superior to every plan of treatment, whenever it is necessary to arouse the nerves of the fifth pair, and, indeed, the whole nervous and vascular apparatus of the eye; the inconvenience it has of occasioning ophthalmia has prevented him, however, from having recourse to it until he has tried every other means. This inconvenience, according to M. Serre,[1] may be avoided by making more extensive and more superficial applications. By touching the cornea successively on five or six points of its circumference, "the necessary injection has occurred, but without inflammation." In one case, the iris resumed its mobility without any improvement of vision, and in another, vision was improved at the same time that the pupil became contracted and more impressible. M. Serre adds, that in experiments on animals, a great part, and even the whole, of the cornea may be blanched with the nitrate of silver without producing inflammation, or any durable alteration in its transparency.

The *modus operandi* of the nitrate, in cases of the disease in question, he thinks consists in its restoring the contractility of the iris, and in producing a powerful derivation, and "even an artificial fever at the exterior and in the interior of the globe of the eye; it sets in motion its whole nervous and vascular apparatus; is followed by a copious secretion of the nasal mucus and of the tears, and by pain in the cheek and forehead: the capillary vessels become engorged; the pupil contracts; the retina becomes more impressible; and the muscles agitate the bulb in all directions to abstract it from the action of the light." M. Serre says he has never seen inflammation supervene when the application of the nitrate was practised according to his principles, although he has touched the cornea in several places at the same time; and he affirms that in every aberration or disease of vision, where the cause is seated in the eye or its neighbourhood, the circumference of the transparent cornea may be touched with caustic with probability of success, especially if the pupil be immovable and dilated. The operation may be repeated as often as is found necessary.

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[1] lletin Général de Thérapeutique, Janvier, 1837.

M. Serre announces his intention of publishing a complete work on this plan, which he conceives is destined to render essential service "in certain special cases of amaurosis."

Art. V.—ON STINGS AND BITES OF INSECTS.

BY JAMES MEASE, M. D.

Philadelphia, August 1, 1837.

Sir,—In the "American Journal of the Medical Sciences," for November, 1836, I inserted,—1st. Accounts of three persons stung by honey bees—one in the temple, who died in ten minutes: another in the septum of the nose, who expired in thirty minutes: and a third in the right superior palpebra, who died in twenty minutes. 2dly. Notices of two persons stung by yellow wasps—one in the throat to the left of the glottis, another on the middle finger of the right hand; the former of whom died twenty-seven hours after receiving the sting, and the latter in twenty minutes. 3dly. A notice of a death the next day after being bitten by a spider. I also referred to several cases from Orfila, the *Bibliothèque Médicale*, and one from the *Dict. des Sciences Médicales*, of death, or severe indisposition, from the stings or bites of these insects. While my paper was in the hands of the printer, I heard of another serious illness from the bite of a spider, but not being able to obtain the particulars, I declined mentioning the case. Having been recently favoured with them from the attending physician, I offer the communication for your "Medical Intelligencer," with the view of drawing the attention of medical practitioners to the subject. Morbid agents to which thousands in the country are daily exposed, and which extinguish the vital principle in ten or twenty minutes, would seem to deserve the serious consideration of those who will be called to give relief on the occasion of their operation. It may be well at present to state the remedies which have been used with success.

1. External applications to the part stung,—olive oil, poppy juice, common table salt moistened, carbonate of ammonia, cold ley; these ought to be rubbed on the spot stung or bitten. 2. Internal remedies,—carbonate of ammonia, plantain juice. A sting in the throat inside,—draughts of a strong solution of common salt. In one case, a man who had been severely bitten by several bees, found immediate relief upon being bled, (Coxe's Med. Museum, vol. i., hexade 2d, p. 151.)

Springfield, Mass., July 21, 1837.

Dear Sir,—In the early part of July 1836, I was applied to by Eb. Chapin for advice in his own case, the history of which was as follows: About three days preceding, while at work in his corn field, he felt a sensation of stinging similar to the sting of a wasp, but less pungent, upon the right leg, about two inches above the knee-joint, and directly struck upon it with his hand, in order to destroy the insect which he supposed had bitten or stung him, and proceeded about his work. He soon, however, was obliged to desist and leave the field, as the limb became painful and swollen, with faintness, nausea, and other sensations of an unpleasant character. When returned to his home, he applied various remedies to the limb for the cure of the sting of insects, having concluded that the wound was from the bite of the field spider, a large black species common in fields and hedges in the northern states, and being convinced that no other venomous insect infested his fields.

When I first saw the limb it was enlarged to nearly double the natural size from the patella to the groin, and very painful,—pulse frequent, respiration rapid, tongue furred, bowels costive, urine high coloured and thick, loss of appetite, and high mental excitement, &c. The bitten part at this time was surrounded by a circle of pale appearance, forming quite a contrast with the rest of the limb. Above the knee about the size of a dollar, in the centre of the circle, was a puncture about the size of that which might be made with a common dressing-pin. I applied a wash of ammonia to the wound, and acetate of lead with sulphate of zinc to the limb, and directed him after using it a limited time, unless relief ensued, to poultice with *yeast*, *bread*, and *charcoal.* I also prescribed hydrarg. submurias, 10grs., to be followed in six hours with epsom salts and cream of tartar; no relief ensued, the inflammation increasing took on an erisypelatous character, with general febrile symptoms. Various applications were made for several days without arresting the inflammation, and after the lapse of a week the wound and soft parts adjacent became evidently gangrenous, and soon commenced sloughing to the depth of from one half to an inch and a half. Nothing seemed to control the progress of the mortification until it had completely encircled the limb, with the exception of from one to three inches, varying in width on the under and inner side of the limb and reaching to the scrotum, which seemed to be threatened with destruction, and the anus, when fortunately a distinct line of demarcation formed while subjected to a poultice of white oak bark pulverised and mixed with wheat bran. Many other remedies, both internal and external, had been previously resorted to. I cannot, however, be convinced that the bark was the sole agent in bringing about this desirable check.[1] The system was sustained meanwhile with quinine and wine, in as large quantities as the patient could bear, the bowels carefully attended to, and every other means used which the case seemed to indicate. The patient was at one time so much reduced as to convince his friends that life was to be of short duration, (after the sloughing had gone on for some days,) apparently in consequence of the excessive discharge of pus from the wound. As the diseased part had become extremely offensive, I removed with scalpel and scissors considerable portions of mortified skin and muscle, from day to day, as fast as might be done without much hemorrhage. Vessels of considerable size, which maintained circulation sufficient to bleed copiously upon division, existed in many places, when all other portions of the mass were putrid and senseless. From the time of the removal of morbid parts, the wound took on a healthy action, granulated and cicatrised, but of course moderately in so extensive a loss of parts, yet as rapidly as in cases of deep and extensive burns, or from any other cause. The patient got well with the recovery of the limb, and has since suffered no particular inconvenience excepting a slight lameness.

I should perhaps have remarked that the knee-joint became at one time so much inflamed and enlarged as to threaten at least anchylosis, and probably destruction of the joint.

There remains but little doubt in my mind, that the wound was inflicted by the spider mentioned, although no one can be made positive on that point, as it was not seen. I am, with high respect, your friend,

Dr. Mease. GEO. FROST.

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[1] Query.—What agent then did produce the happy change?

ART. VI.—PREVENTION OF VENEREAL INFECTION.

It seems that on the occasion of a medical congress having assembled at Brussels, in 1835, a philanthropist placed at their disposal the sum of one thousand francs, to be given as a prize to the author of the best memoir on any subject which the assembly might think proper to propose. The following question was accordingly put *au concours*,—"To point out and determine the medical agents and the administrative measures and regulations best adapted for arresting or moderating the propagation of syphilis."[1] The congress, moreover, required of the committee of adjudication to extract from all the memoirs sent in whatever there might be of interest, and to form a complete work from them. This they appear to have attempted. In a late number of the *Bulletin Médical Belge*,[2] their work is noticed by Dr. E. Thirion, and some of their positions animadverted on. We extract from it the following hygienic measures, which could scarcely have appeared in any work that did not emanate from continental Europe.

> "It is required that in every room used for purposes of prostitution, there shall be four tables,—two, of the genital organs of the male and female in the healthy and diseased states, the third containing the following instructions:—
>
> "*For the man before the act.*—Not to make water. To examine the sexual organs of the female after having consulted the table, and, if he has the least doubt, not to have intercourse with her. *If, on the contrary, he is satisfied the woman is free from disease*, he will enjoin upon her to wash the parts, and inject the vagina with a solution of chloride of lime. In the last two injections, the chlorides may be replaced by a proper solution of the *corrosive sublimate;* an oily injection must then be thrown into the organs, or as complete an inunction as possible be made with cerate. He will next cover the male organ with a thick layer of cerate, or mercurial ointment, over which he will pass a *condom* of good quality. He must be careful to prolong the act as little as possible.
>
> "*After the act.*—He must immediately make water, and hasten to wash the genital organs *with the solutions above-mentioned*, and to inject the canal several times with them, after which he must carefully wash his hands and lips and rince his mouth well with cold water.[!]
>
> "The fourth table indicates the preservative means to be adopted by the female. These are nearly the same as those recommended for the male."

Dr. Thirion asks what is the use of all these precautions if the parties are found, on inspection, to be sound. If they were really sound there would be none; but venereal matter may have been recently applied, and be capable of exciting syphilis even when the party is not aware of its presence. We knew a case in which gonorrhœa was communicated to a husband by his wife, who was herself unaffected. She had had intercourse with a person who was diseased; some of the gonorrhœal matter remained on the parts, which was received by the husband, who had an unequivocal attack of the disease. The woman confessed to the intercourse; her paramour was labouring at the time under gonorrhœa, yet she continued entirely free from the affection.

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[1] Exposé des Causes les plus frequentes de la propagation de la Maladie Vénérienne, et des moyens à y opposer. Bruxelles, 1836. 8vo, pp. 100.

[2] Octobre, 1836, p. 277.

Art. VII.—ON THE CAPILLARIES OF THE EYE.

The following observations are extracted from the letter of an intelligent correspondent. They were suggested by the comments we made on Dr. Alexander's paper on the capillaries in a late number of this journal.[1] We may merely observe, in reply to the reference made to the appearances in our own eye, that they could not have been of the character to which our correspondent alludes, inasmuch as, instead of "rarely continuing in shape more than a second or two," they were identical, or nearly so, for months and even years.

"The pores of *all* fluids are filled with air—air bubbles, as they are commonly called. The great mass of these are so minute as not to be perceived by the most powerful glasses, yet when the fluid has a viscid tendency they become apparent. If we take, with the thumb and finger, as much of the saliva from the tongue as will lie in a drop, and then separate the thumb and finger slowly, a pure column of transparent fluid will be seen, the base and top of which will be attached to the skin. On examining this column with one of M'Allister's good pocket magnifiers (of two glasses), we shall perceive that this column quickly takes the form of a hollow globule of air. On separating the fingers farther—about an inch—there will be a number of small bubbles connected by a chain of others still smaller. On dividing the fingers two inches, more or less, the whole column will appear as a chain of transparent beads, connected by globules of a size too small to be seen by this kind of glass.

"Perhaps amongst the whole series of optical phenomena there is not a more beautiful and brilliant spectacle than this one; for independently of the unexpectedness, quickness, accuracy, and *completeness*, of the transition from a straight column to that of a chain of beads, each globule in a particular light becomes tinged with all the colours of the rainbow. On contracting the fingers slowly the small globules will run into a larger one. If the saliva is in a more viscid or glutinous state than usual, this string of air bubble will remain for a minute or more suspended, and the breeze in wafting it to and fro will not break it asunder. When in this state, if the lower end is loosened, this filmy string will float about for some time.

"It is this spectacle, when in the aqueous chamber of the eye, which Dr. Alexander considers as having the 'appearance of an extremely minute tube of glass, or rather of the most transparent isinglass, pierced with lateral pores which was seen standing out in bold relief, entirely disconnected with any thing else, and apparently floating in the air.' To a person unaccustomed to minute observation, particularly in natural phenomena, the globules that I describe would very likely be considered as *pores*. As to this tube standing out in bold relief, that is exactly true, quite as much so as that any filmy or mote-like substance appears to rest in the air if a glass of water is held before the eye. The *tube* which Dr. Alexander saw in his eye was nothing more than the viscid portion of the aqueous secretion, and the *pores* were simply the globules of air which this tube contained.

"Persons accustomed to such investigations will soon be convinced of the accuracy of the above statements, for they have only to look through different sized pin holes made in a card, and on looking up at the clear sky these transparent tubes will be plainly seen standing out and floating, apparently, in the air. That these tubular secretions are not attached to the *retina*, or in fact to any part of the eye, can be ascertained by resting the sight on some permanent spot or speck, either a quiet cloud, or the branch of a tree, &c. When the eye has given motion to this detached tube, if we rest it suddenly on a permanent external object, we shall perceive that the tube is slowly falling to the bottom of the eye.

"You will naturally observe that if this floating tube is rendered buoyant, not only by the globules of air, but by its own tubularity, it should ascend to the *top* of the aqueous fluid instead of sinking below. This part of the phenomenon is accurately explained in the little work called 'Discoveries in Light and Vision,' (p. 86), and to which you refer in your remarks on Dr. Alexander's paper. If the work is not at hand, then the following experiment will explain the thing to you. While looking at the clear sky through a pin hole in a card, if we push up the lower eye-lid, we shall find that the *upper* half of the disk of the pin hole becomes dark, and if we press down the upper eye-lid, then the lower half of the disk is obscured.

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[1] Intelligencer for July 15th, p. 145.

"That the floating tube sinks to the bottom of the aqueous chamber is therefore an optical illusion, but it is an important fact in corroboration of the new theory of vision which the author of 'Light and Vision' has recently made public. It proves that objects seen inverted, *by the first impulse of light*, always remain inverted. With this part of the question we will not interfere at present, and it is only to answer a very pertinent suggestion that I refer to it now.

"You refer Dr. Alexander to 'Discoveries in Light and Vision,' and 'Purkinje and Steinbuch,' as well as to 'Human Physiology.' I am not aware that in any work, excepting the one first mentioned, these 'muscæ volitantes' have been considered as a viscid secretion, or that the pores were globules of air. M'Kenzie, the most able writer on the diseases of the eye, although he must have read all the good works that related to the subject, nowhere supposes these muscæ volitantes to be composed of viscid or glutinous secretions; nor do I recollect to have met with the suggestion anywhere. At any rate, if these muscæ volitantes—of which the crooked tubes form a part—are ever supposed to be unconnected masses, it is merely in the form of a conjecture. The author of the 'Discoveries in Light and Vision' is the first one to point out a mode by which they can be seen at pleasure.

"You observe that such a tube as Dr. Alexander describes was once seen in your own eye, and you referred it to 'differences in the physical condition of the retina.' When you make the experiments with pin holes you will be satisfied that they are no way connected with the retina. Sometimes the same phenomenon will become apparent when we are in a boat on the river; the clear reflection from the water and the sky will make these tubes very perceptible. They have sometimes, as you describe, an open mouth, and they rarely continue of the same shape more than a second or two. The little dark bunches seen in the eye by many persons, are nothing more than a mass of air bubbles clinging together and adhering by this glutinous secretion. Their opacity and darkness is owing, as the author of the 'Discoveries' states, to the want of parallelism in their axes."

ART. VIII.—MEDICAL TOPOGRAPHY.—No. 1.

BY LEONARD M'PHAIL, M. D., OF THE MEDICAL STAFF, U. S. A.

A knowledge of the "Medical Topography" of the district in which he is located is of essential importance to the practising physician. It enables him to account satisfactorily to others as well as to himself for the peculiarities of the diseases that prevail—their causes, the pathological conditions they induce, and the therapeutic indications their symptoms point out.

The ancient physicians paid more attention than the moderns to the influences exercised by country, climate, and sideral changes, upon the physical as well as moral condition of man.[1] However absurd many of their hypotheses may appear to us who are blessed with greater lights to illuminate our paths of observation than they possessed, yet the *facts*, upon which they reared their superstructures of *opinion*, still remain to guide us to more correct conclusions than they arrived at. The aphorisms of Hippocrates, and the books of Rhazes, Celsus, and Avicenna, with the writings of many others that could be named, demonstrate to the modern enquirer after truth, the *identity* of the diseases that are still known with those that prevailed many centuries ago; and the possibility of a nosological arrangement of affections upon the grouping of their symptoms. The ancients probably attributed too much to the influence of the stars and planets: yet, do not the moderns attribute to it too little? I cannot say that medicine has gained any thing by throwing aside the study of planetary influences: it has certainly lost much by an almost total abandonment of astronomical and meteorological observations. Who will pretend to say that the physical condition of man remains the same during all the mutations of our globe? Are not his susceptibilities to disease enhanced at times, and decreased at others? What observing practitioner has not noticed, with the sage of Cos, the favourable turn induced in mucous enteritis, and other affections, by a change in the hygrometrical condition of the atmosphere from a moist to a dry state—by changes in the winds from moist points of the compass to dry, and *vice versa?* Not only have these turns been observed to take place during transitions of the barometrical and hygrometrical conditions of the air, but also in its thermal variations. How deserving then of our attention is the study of medical topography, which is made to include, besides the physical geography of the district, a concise view of the atmospheric changes as indicated by the vane, thermometer, hygrometer, barometer, and rain gauge.

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[1] Hence Attic wit, Bœotian dulness; (Attica elegantia, Bœoticum ingenium.)

The object of this paper is to call the attention of physicians and surgeons, having charge of public hospitals and infirmaries, to the subject of medical topography. On almost every part of our country has national, state, or individual munificence, caused to be erected institutions for alleviating the sufferings of the sick. If in all these a regular "Diary of the Weather" were kept, with observations on the medical topography of the district, prevalent diseases and their etiology, pathology, and treatment—much information would be gained to the medical and no less to the general public, which is now lost to both.

Officers of the medical staff of our army, in charge of hospitals, are required to keep a register, case, prescription, and diet book; and to make a quarterly report of sick and wounded—with notes of the symptoms of the prevailing diseases, their probable causes, and the treatment pursued. They are required also to furnish, quarterly, a copy of the entries made in the book of the diary of the weather; with suitable observations on the topography of the country, climate, migratory birds and vegetation. The reports made from time to time by our army surgeons, if collected and conjoined with those made by citizen physicians, would form a valuable addition to our stock of information on medical topography and on endemic and epidemic diseases, and would enable some industrious and talented member of the profession to form a work on *hygiène* and *medical police* suited to the condition of the inhabitants and communities of every part of our widely extended country.

The forms adopted by the medical department of the U. S. army, of which an example will be found in the "Abstract" at the end of this article, are the best I have seen, and for the sake of uniformity might be generally adopted with advantage.

To the right of "rain" might be added, with advantage, a column for the barometer—observations to be taken three times a day.

" The *thermometer* will be kept in a situation where there is a free circulation of air, and where it cannot be affected either by the direct or reflected rays of the sun, or by radiation of heat from neighbouring bodies; as bare and dry earth, sand, gravel, or pavement walks, or other structures of a light colour. It should be placed considerably remote from massy walls, which slowly imbibe or part with caloric.

"The rain gauge will be kept remote from all elevated structures, to a distance at least equal to their height, and still further off, where it can be conveniently done. The conical rain gauge is to be suspended in a circular opening made in a board, which is to be fixed to a post, eight feet from the ground; the opening to be five inches diameter, and beveled, so as to fit the size of the gauge; into which the cap is to be fixed, with its base downwards, to prevent evaporation, should the measurement be *accidentally* delayed. The measurement is made by putting the scale to the bottom of the gauge, and noting the distance to the water mark. The graduation of the scale is by hundredths of an inch for the first three tenths of an inch and above that for tenths and half tenths. The intermediate distances may be measured by the eye, and set down in decimals.

"Observations by the thermometer will be made every morning when it shows the lowest degree, every afternoon when it shows the highest degree, and every evening an hour after sunset. The lowest degree generally occurs between the commencement of daylight and sunrise, and the highest degree between two and four o'clock in the afternoon; at which times these observations will be made.

"Observations by the rain-gauge will be made *immediately* after every shower or fall of rain. If a rain continue for any length of time, the observation will be made at suitable intervals, before the water rises high in the gauge. In freezing weather, when the rain-gauge cannot be used out of doors, it will be taken into the room; and instead of it, a tin vessel should be procured for receiving the snow, rain or sleet, that may then fall. This vessel must have its opening *exactly* equal to that of the rain-gauge, and widen downwards, to a sufficient depth, with a considerable slope. It should be placed where nothing can obstruct the descending snow from entering it, and where no drift snow may be blown into it. During a continued snow storm the snow may be occasionally pressed down into it. The contents of the vessel must be melted, and the water produced poured into the gauge to ascertain its contents, which must then be entered in the gauge column of the register.

"The remarks will contain appropriate observations on vegetation: as when the dogwood (cornus florida), the red or soft maple (acer rubrum), the june berry, shad bush or wild pear (aronia botryassium), the dandelion (leontodon taraxicum), in their natural situation, and the peach, apple, and pear trees in the open fields, are in bloom; that is, when about one half the blossoms are expanded. When the aments or catkins of the common alder (alnus serrulata), the white oak (quercus alba), the chestnut (castanea vesca), the black birch (betula lenta), the American aspin (populus tremuloides), begin to droop. When ripe field strawberries appear in quantity; and when the wheat harvest commences. When the last killing frost occurs in the spring, and the first in the autumn, as shown by their effects on tender buds, young leaves, or germs of fruit trees, or other vegetables; the vines of cucumbers, melons, beans, &c. They will also note the first appearance of barn swallows and martins; the occurrence of thunder and lightning, hail storms, hurricanes, meteors, white or hoar frost; the first snow, its depth occasionally, and its disappearance.

"The mean of the several thermometrical observations for the day will be found by adding the morning observation, twice the afternoon, and twice the evening observation to that of the next morning, and dividing the sum by six. The mean of the several observations for the month is found by dividing their sum by the number of days in the month. The hottest and coldest day is shown by the mean of that day.

"Half the number of times that any point of the compass appears in the A. M. and P. M. columns, will give the number of days in which the wind prevailed from that point during the month.

"The prevailing weather will be found in the same way, including every day of rain and snow, as cloudy, and noting the number of those in which it rained or snowed separately. The rain-gauge will be noted in inches and decimals."—*Regulations of the Med. Dep. U. S. A.*

ABSTRACT of Diary of the Weather at Fort Mitchell, Ala. N. L. 32° 20′, *long.* 8° *W. from Washington,* 85° *W. from Greenwich.*

FOR THE QUARTER ENDING MARCH 31, 1837.

MONTHS.	THERMOMETER.			Hottest day.	Coldest day.	WINDS.									WEATHER.					RAIN.	
	highest degree.	lowest degree.	mean temp.			N. days	N. W. days	N. E. days	E. days	S. E. days	S. days	S. W. days	W. days	Prevailing.	fair.	cloudy.	rain.	snow.	Prevailing.	inches.	
January.	67	18	43.37	19th	2d	2½	6	3	2	5	3	6½	3	S. W.	23½	7½	10	—	Fair	2.29	Jan. 22. Aments of the *alnus serrulata* drooping. March 1. *Amygdala persica* in bloom. 6. Barn swallows appeared. 9. *Sanguinaria Canadensis* in bloom. 19. *Acer rubrum* and *violapedata* in bloom.
February.	72	20	49.99	6th	18th	5½	2	2	3½	3½	4½	4½	2½	N.	20	8	11	—	Fair	5.52	
March.	82	30	57.90	30th	4th	—	3	2½	4½	8	2	8	3	S. E. & S. W.	24	7	10	—	Fair	4.77	
Total.						8	11	7½	10	16½	9½	19	8½	South.	67½	22½	31	—	Fair	12.58	

MEDICAL TOPOGRAPHY.

Fort Mitchell is situated about three fourths of a mile from the right bank of the Chattahoochee river, in Russell county, state of Alabama—ten miles from Columbia, Georgia. The post comprises a reserve of about two square miles, bounded on the east by the river, and on the west, north, and south, by irregular hills of sand, covered with a growth of yellow pine and a sprinkling of scrub-oak. The barracks are frame, and the point of defence two block houses at the angles of a square of pickets situated immediately on the western border of the reservation on a sand hill. The *Hospital*, a little to the south and fronting east and west, has two wards for patients, a kitchen and mess room, and a dispensary and store room. The soil in the immediate neighbourhood is sandy: some alluvial and swampy ground intervenes between the post and the river. Springs abound in the neighbourhood, and yield pure water, as do wells sunk at the station. The climate is very variable; at all seasons the thermometer has frequently indicated a change of 30° in 24 hours; whilst alternations of dry and wet weather are common. Rains are frequently heavy, and attended with high winds and thunder and lightning; fogs and heavy dews are often observed; but owing to the sandiness of the soil, and the elevated position of the post, the undue moisture from rains, &c., soon percolates the earth, and passes off. The diseases that prevail are such as would be naturally looked for, as depending, in this latitude, upon sudden vicissitudes of weather; for example, diarrhœa, dysentery, and other derangements of the bowels; intermittent and remittent fevers, with disorders of the biliary and mucous organs.

NOTE.—Thermometers and rain gauges of uniform kinds are furnished by the medical department to the hospitals of all the military posts, as well as blank diaries of the weather and abstracts for the quarter. They are obtained, I believe, in New York.

LEONARD C. M'PHAIL, M. D., U. S. Army.

NOTE BY THE EDITOR.

Meteorology has met, and is about to meet, with so much attention in various parts of the Union, that independently of the advantages to the scientific enquirer as a department of physics, and the practical benefits to others, as the agriculturist and the mariner, which may result from it, it may tend to elucidate the interesting subject of medical topography. The legislature of the state of Pennsylvania, at their last session, liberally appropriated four thousand dollars for the advancement of meteorology, and out of this sum, which has been placed at the disposal of a joint committee on meteorology of the American Philosophical Society and Franklin Institute, a barometer, two common thermometers, and one self-registering thermometer, and a rain-gauge, have been purchased for each county in the state, which are to be placed in the hands of some skilful observer, who shall volunteer to keep a journal of the weather, according to a common form prescribed by the committee. All these reports are to be sent monthly to J. P. Espy, Esq., a gentleman who has devoted his attention most successfully to the cultivation of this branch of physical science, and who has been appointed meteorologist to the joint committee.

It is hoped, that in the course of another winter observations may be authorised by proper authority, which may yield interesting information from every portion of this extensive country.

ART. IX.—WOUND OF THE ABDOMEN WITH EXCISION OF A PORTION OF THE LIVER.[1]

Wounds of the liver are known to be generally followed by fatal consequences; yet we meet with occasional exceptions. Such a case is related by MM. Dieffenbach, Fricke and Oppenheim. A boy, playing in a garden, fell in such a manner, that the blade of a knife, which was open in his pocket, entered the abdomen in an obliquely upward direction from the umbilicus towards the right hypochondrium; the wound bled freely and a red bloody substance projected from it, over which a compressive bandage was placed provisionally. Two days afterwards he was taken to the hospital. The surgeon in attendance on removing the dressing and observing a red substance hanging from the wound by a pedicle not broader than the blade of the knife where it is fitted into the handle, cut it off with his scissors. On examining the excised portion, a convex and a concave surface were observable, and at their point of junction anteriorly, a thin indented edge; the opposite side had a cut surface corresponding accurately to another similar surface belonging to the portion of the pedicle that remained in the wound.

At first, this substance was taken for a portion of the skin, muscle, or of a fibrinous clot; but a more attentive examination showed—and in fact all the physicians detected—that it was a portion of the inferior acute margin of the liver.

The little patient was subjected to a severe antiphlogistic treatment, and was soon cured without any functional lesion of the digestive organs. The excised portion of liver is preserved in the museum of the hospital.

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[1] Zeitschrift für die gesammte Heilkunde, and Gazette Médicale de Paris. Janvier, 1837.

ART. X.—ON TYPHOID FEVER.

BY M. LEONARDON, D. M. P., OF MONTPONT, DEPARTMENT OF DORDOGNE.

In a long memoir, published in a respectable French periodical,[1] on the question, "To determine what are the affections called typhoid, with the primary alterations and those that are secondary,"—a memoir which obtained a medal of encouragement from the *Société de Médecine*—the author thinks himself justified in deducing the following conclusions:—

That typhoid fever is not simple enteritis; that it is not enteritis with consecutive alteration of the blood; that in the triple respect of causes, symptoms, and cadaveric lesions, it resembles miasmatic poisoning studied on man, and diseases artificially produced in animals by the introduction of putrid matter into the blood; and that with symptoms varying with the intensity, seat, and presence or absence of organic lesions, it always exhibits itself characterised by constant symptoms referable to the morbid state of the blood. Hence he believes, that in the existing state of our knowledge "the disease ought to be considered as the result of a primary and special alteration of the blood, the effect—and it may be said the constant effect—of which is a varioliform eruption on the mucous coat of the intestine;" and he adds, "all the other alterations noted by observers are only secondary."

ART. XI.—ON THE BITES OF RABID ANIMALS.

BY M. LISFRANC, SURGEON TO LA PITIE'.

The following observations on the best method of treating wounds made by the bites of rabid animals have been recently made by M. Lisfranc, in his clinical lectures at the Hospital La Pitié.

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It must not be thought that the symptoms of hydrophobia may be always so evident as to dispense with the necessity of watching every dog that appears sick. It has been said that the mad dog does not bark, and refuses to take liquids; these phenomena are indeed perceived in the majority of cases, but they do not always exist. A young girl met with a little dog, took it up, and in caressing it received a bite on the lip. This animal took food, drank willingly, and barked on the approach of strangers. Two days afterwards it ran off. About the fortieth day the unfortunate girl, who had been simply cauterised, by a physician, with ammonia, died of hydrophobia. I witnessed this fact myself.

The carelessness of patients and the ignorance of physicians are not the only causes which unhappily too frequently favour the development of rabid phenomena. There are in the country as well as in towns, quacks, a scourge from which, I hope, the new medical organisation will free us. One of them possessed a tooth of Saint Hubert, placed it in water and ascribed to the water the virtue of curing hydrophobia; it lost, however, its properties in those who were subjected to the cure of physicians. The reputation it acquired was great, as the generality of patients had not been bitten by mad dogs, and consequently hydrophobia could not be developed; whilst in the case of really envenomed wounds, the patients quickly experienced the fatal consequences, the effects of a confidence thus foolishly accorded.

The influence that these men exercised on the minds of their patients, either by usurped reputation, or by the mysterious apparatus by which they were surrounded, might in certain cases be useful, but bear in mind that the only really efficacious means is cauterisation; it ought to be practised as soon as possible, even should the wound be old, it should not be laid aside. It has been known to succeed after fifteen or eighteen days, or even a month, in wounds which had cicatrised. Now what kind of cautery shall we prefer? Shall we employ the red hot iron or the potential cautery? This is a question for determination. The liquid butter of antimony has been greatly extolled; it has been supposed to act more deeply than the actual cautery, and that its employment was less painful. The motives upon which this preference is based, have not, however, much value.

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[1] Revue Médicale, Decembre, 1836, and Fevrier, 1837.

In the first place nothing prevents us from producing, with the hot iron, by successive applications, as deep cauterisations as the circumstances may require; and secondly, if it produces more pain, the reaction which follows its application is so much the more energetic, and consequently more capable of destroying the action of the virus. Experience, besides, is not favourable to the recommenders of the butter of antimony. Some years ago, a great number of people having been bitten at Paris, and (as far as one could judge from different signs) by the same dog, Dupuytren, satisfied of the advantages of the cautery, prevailed upon the prefect of police to make a public notice inviting people who might be bitten to present themselves without delay at the Hôtel-Dieu, where their wounds should be cauterised. The great number of cauterisations which were practised on this occasion proved undeniably the superiority of the actual cautery; its employment was every where crowned with success. The butter of antimony, on the contrary, succeeded but in a slight degree, and the majority of the cases, subjected to its application, were, notwithstanding, attacked with hydrophobia.

It would be absurd to object, that it is dangerous to apply the hot iron in cases where the bite may have affected the eyelids; for instance, it is very evident that the action of a liquid caustic would be more difficult to command than that of the hot iron, which is more easily arrested or prolonged. The cautery should not be heated to whiteness. In this state it burns the tissues too quickly; the eschar, produced by the calcination, is a bad conductor of heat; and defends, as it were, the subjacent parts from the action of the fire. You will employ the red hot iron. Its action will be more tardy, but it will allow an opportunity for cauterising more deeply; the pain will be more vivid, but the reaction will be more powerful. I have applied three cauteries in the wound of the patient whose case has given occasion to these details, and, not satisfied with this deep cauterisation, I applied the hot iron to the surrounding tissues, so as to produce a burn of the second degree for the space of at least an inch around the eschar: if the wound had not been small, I should have extended the action of the fire further. The motives which led me to adopt this method of cauterisation in hydrophobia are too important to allow of their being passed over in silence.

I for a length of time used the cautery in the treatment of carbuncle and malignant pustule,—at first as generally recommended, afterwards for the purpose of producing with a red hot iron a burn of the second degree, upon the skin three or four inches around the wound. My success has been invariable up to the present time, even in those cases where—the disease being seated in the face—that kind of puffiness and elastic tumefaction, so well described by authors, has been seen to extend to the neck, and on the parietes of the chest. Some patients were even seized with obscure delirium, which indicated still more the seriousness of their condition. As the tanyards which surround us furnish every year a certain number of patients affected with carbuncle, you will probably have an opportunity for satisfying yourselves of the advantages of this method; it will not, at least, be difficult to prove to you that it is rational, by directing your observation to the processes which nature makes use of, when, left to her own powers, she frees herself of a carbuncle by an active and powerful reaction, an inflammatory circle is seen to enclose the poisoned parts, and to suspend, in some degree, their relations with the rest of the economy. It will not be pretended that in this case the inflammation has burned out the virus, as the hot iron or caustic ought to do, according to some opinions, but it has put a stop to its progress by setting up around it a barrier against which its action is exhausted.

It is not, then, merely to decompose the virus, but to give rise to this salutary inflammation, that I have cauterised, and it is because the reaction which I want is weak and difficult to obtain in the tissues upon which the virus has already produced a septic action, that I extend the application of the hot iron farther than is generally done, upon parts often sound or but little altered, and for that reason less susceptible of reacting.

I have considered that I was able to apply with utility these principles of cauterisation to the cases of bites of mad animals. I have cauterised many persons bitten by the same dog; I will follow them up, as with this patient, as long as may be necessary to judge of the events of which I shall give an account hereafter. You will find in books every particular precaution requisite in cauterisation; I will not, then, entertain you with them. But I may remark, that the hot iron is at times very painful; patients will call for the employment of sedative means. Be careful how you yield to their entreaties; neither apply poultices, nor cold water, nor the chlorurets; use dry dressings, and do not endeavour to moderate useful pains, except when their excess may make you apprehend dangerous disturbance in the functions of the nervous system, which must be extraordinarily rare, and which I have not yet observed. In such case only, you may employ emollients and narcotics, but remember that they ought to be used to moderate pain not to remove it.

Such are the principles according to which I practise cauterisation, whether in malignant pustule and carbuncle, or in bites by rabid animals. I do not pretend to confine the application of these principles to these two cases; we ought to follow them up every time when it is required to destroy or arrest any virus whatever. You are too well acquainted with the hygienic cautions which must be made use of after cauterisation and during the time we have reason to fear the development of hydrophobia; it would be superfluous to give you an account of them.

ART. XII.—SUPPRESSION OF URINE OF TWELVE DAYS' DURATION.

BY DR. DÖRING,[1]

Consulting Physician to the Duke of Nassau, and Physician to the Springs (Brunnenarzte) at Ems.

The main object of Dr. Döring, in the publication of this case, appears to have been to show the inaccuracy of a remark of Adelon in the *Dictionnaire de Médecine*, that the secretion of urine cannot be arrested for three days without death resulting. In Dr. Döring's case, death did not supervene until the expiration of twelve days, during which there was no secretion, renal or vicarious.

This is not the only instance that shows the incorrectness of sweeping conclusions regarding a machine so curiously constituted as the human body, and impelled by forces so different from those of ordinary physics. The assertion of the *impossible*, so common in the mouths of many, was well ridiculed by Erskine in the celebrated trial of Hatfield, for shooting at George the Third, of England. "A man," he says, "fell down from a house in Fleet street, and every body said it was 'impossible he could get up,' but he did get up, and there was an end of the impossibility!"

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[1] Journal der praktischen Heilkunde, von G. W. Hufeland und Osann. Oct. 1836, s. 62.

BIBLIOGRAPHICAL NOTICES.

Quetelet on Man.[1]

An extremely interesting work on "Vital Statistics," as the subject has been recently termed. It is divided into four books,—I. On the development of the physical qualities of man. II. Development of the stature, weight, strength, &c. III. Development of the moral and intellectual qualities. And IV. Of the properties of average man (*homme moyen*) and of the social system, and of the ulterior progress of their study. The *first* book is divided into seven chapters,—treating respectively of births in general and fecundity; of the influence of natural causes on the number of births; of the influence of disturbing causes on the number of births: on the still-born; on the influence of natural causes on the mortality; on the influence of perturbating causes on the number of deaths; and of population and its increments. The *second* book contains four chapters treating of the development of the stature; the development of the weight and its relations in the development of the stature; development of the strength; inspirations, pulsations, agility, &c. The three chapters of the *third* book treat respectively of the development of the intellectual qualities; the development of the moral qualities; and the development of the disposition to crime. Lastly, the *fourth* book is divided into two chapters, treating of the qualities (*propriétés*) of average man, and of the ulterior progress of our knowledge regarding the laws of the development of man.

We intend, from time to time, to introduce some of the author's interesting facts and deductions into the "Intelligencer."

Stout on Cataract.[2]

A creditable production, treating mainly of the definition, divisions, description, complications, causes, prognosis, treatment, &c., of cataract, on all of which the young author has evidently been well instructed, and has well profited by his instructions.

We are glad to see these dissertations occasionally published, inasmuch as a stimulus is thus given to the candidates for the *summi honores* in the different medical schools, to regard them of more consequence than is usually the case.

Transactions af the Medical Society of the State of New York.[3]

These transactions—with a copy of the whole series of which we have been favoured by the publishers through our distinguished friend Prof. T.

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[1] Sur l'Homme et le Developpement de ses Facultés, ou essai de physique sociale. Par A. Quetelet, Sécrétaire Perpétuel de l'Académie Royale de Bruxelles, Correspondant de l'Institut de France, de la Société Royale Astronomique de Londres, des Académies Royales de Berlin, de Turin, &c. Tom. 2, pp. 327 and 327. Paris, 1835.

[2] A Thesis on the Cataract, with some Remarks on the Eye. By Arthur B. Stout. Presented to the Faculty of the College of Physicians and Surgeons of New York, for the degree of Doctor of Medicine. April, 1837. 8vo, pp. 56. New York, 1837.

[3] Transactions of the Medical Society of the State of New York. Vol. iii. Part 2. 8vo, pp. 398. Albany, 1837.

R. Beck—were commenced in 1832. Three volumes have appeared, which contain, besides the proceedings of the society, many interesting communications in the domain of medicine.

The main papers in the part just published are,—The Annual Address, on the Derangement of the Digestive Organs, by John H. Steel; Report of a Committee of the Society on the Varioloid and the Means of counteracting its Progress; Professor McNaughton's Address, (noticed in a former number of the "Intelligencer"); On the Influence of Trades, Professions, and Occupations, in the United States, in the Production of Disease—being the prize dissertation for 1837, by Dr. B. W. M'Cready, of New York; A Memorial on the Subject of Cholera, &c., by Dr. James R. Manley; Observations on the Causes of the Large Proportion of Still-born Children in our large cities over those of London, by the late Dr. S. Avery; An Essay on Typhus Fever, by James Fountain, M. D.; Statistics of the Deaf and Dumb in the State of New York, the United States, as ascertained by the census of 1830, by T. Romeyn Beck, M. D.;—besides others of more partial interest.

We purpose, from time to time, to attract attention to some of those communications in the pages of the "Intelligencer."

King on Purpura Hæmorrhagica.[1]

To this creditable dissertation was awarded—as the title imports—the Fiske Fund Prize of the Rhode Island Medical Society. It has likewise appeared in the pages of the "Boston Medical and Surgical Journal."

Dowson's Introduction to the Study of Medicine.[2]

The subject treated of in this small volume is mainly that comprised in a work by the editor of this journal, entitled "The Medical Student," which has been printed since last March, but has never been published in consequence of the distraction amongst the reading community occasioned by the pressure of the times.

"The objects of this little work," says Dr. Dowson, "are, to define, in as few words as possible, the import and extent of the various branches of medical knowledge; to show their connection and mutual dependence; to point out the most advantageous mode in which they can be studied, as well as the best books in which they are treated of; and to furnish the student with some directions for his conduct when he engages in the duties of practice."

The objects are excellent, but the author has treated them too cursorily for full advantage, and there is an absence of system which detracts from the force of his inculcations.

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[1] Purpura Hæmorrhagica, its causes and treatment. By David King, Jr., M. D. (Fiske Fund Prize Dissertation of the Rhode Island Medical Society.) 8vo, pp. 38. Boston, 1837.

[2] An Introduction to the Study and Practice of Medicine, comprising a brief exposition of the various branches of medical knowledge; directions for their study; references to the best elementary and practical books; and a selection of medical precepts. By John Dowson, M. D., Member of the Royal College of Surgeons in London, and of the Royal Medical Society of Edinburgh. Small 8vo, pp. 98. London, 1834.

Medical Service of the Army of the United States.

The following passage relative to the medical service of the army of the United States, is extracted from a private letter to the editor from an intelligent officer of the medical staff of the army. Amongst the talented gentlemen composing that staff, there must be an accumulation of most valuable materials touching endemic and other influences in different parts of the Union, the communication of which to the profession could not fail to shed light where there is still much obscurity.

"No country is more liberal than our own in providing medical supplies for its armies and navy. The surgeon in our army and navy receives his annual supplies of medicines, hospital stores, &c., and should they prove insufficient or incomplete, he has the privilege of making requisitions on the quarter master or navy agent for such articles as may be necessary to the sick. He has also the right to commute for money the rations due the sick—which money is spent under his direction for such articles of diet as are more suited to their condition. Under this commutation of rations, several of the army hospitals have hundreds of dollars in advance of their expenses—ready in case of emergency so that the sick may at no time be without any thing their situation requires. An army surgeon is required to give the medical topography of his post or station—embracing every thing in regard to climate; the prevailing diseases—their causes, nature, and treatment; to keep a diary of the weather; make a quarterly report of sick and wounded; and keep a prescription, register, case, and diet book. Spread over the country as they are, from one extremity of the continent to the other, the army surgeons have greater opportunities than others of the profession to notice the influence of climate upon the physical man, and of studying the changes wrought on the moral one through the influence of civilised or savage life."

Medical School of the Transylvania University.—The medical corps of this school has been recently entirely made up by the appointment of Professor Eberle of the Medical College of Ohio to the chair of Theory and Practice of Medicine, and of Dr. Thos. D. Mitchell, of Cincinnati, to that of Chemistry and Pharmacy.

It will doubtless be an effective Faculty.

Life Insurance.—There are doubtless some of our readers who are scarcely aware that companies for effecting insurances on lives exist, and still more who do not understand the principles on which they are established. We esteem it therefore advisable to attract briefly the attention of our professional brethren to the objects aimed at by such institutions, and to the advantages that may result to them by availing themselves of the benefits offered. The object of an insurance on life is to provide a sum of money, at the decease of the person insured, for the benefit of his widow, family, friends, or creditors; and it is accomplished by paying a small sum to the insurance company, either annually or in one payment, the amount of which is determined by calculations founded upon the duration of life as deduced from experience. The insurances may be either for a single year, for a term of years, or for the whole life; and no other prerequisites to secure the insurance are usually necessary than the declaration of the age and health of the party, made by himself, and the certificate of a respectable physician, in reply to certain questions propounded in a printed form.

Let us suppose, by way of example, a physician, thirty years of age, whose professional income permits him to support his family in comfort, but whose circumstances in life are such that he is not able to lay by more than about twenty-three and a half dollars per annum. If he determines to pay this sum yearly to an office for insuring lives, should he die immediately after he has insured, or at any subsequent period, he will have secured one thousand dollars to his family.

To the members of our profession whose incomes are generally limited, and their expenses fully equal to them, this system of insuring the life is most valuable, and it removes a load from the bosom of a husband and father of a family, which otherwise might be almost insupportable. What more cheering reflection than that, come what may, his family is provided for! This feeling is so generally entertained and acted upon in Great Britain, that perhaps the greater part of professional gentlemen insure their lives; and offices have even been established for their exclusive benefit.

Louis on the Method of Observing in Medicine.—We invite the attention of our readers to the admirable paper by Louis, of which we give a translation, from the pen of Dr. Bowditch, in this day's "Library." It is a full and logical account of the "numerical method," or method of counting, of which that distinguished pathologist may be regarded as the founder. In it Louis replies to the objections made by the opponents of the system, and we confess it appears to us in a manner that carries with it conviction, and scarcely admits of answer.

University of Maryland.—We are glad to learn that the trustees of this institution, at their late meeting, appointed W. R. Fisher, Esq., of Baltimore, Professor of Chemistry, in the place of Professor Ducatel. Mr. Fisher is a gentleman of talents, a graduate of the Philadelphia College of Pharmacy, and an excellent chemist. He has already published many results of his chemical investigations as applicable to toxicology, and so highly did the editor of this journal regard his attainments in this matter that he requested him to prepare the "Table of Poisons and their Antidotes," published in the editor's "General Therapeutics." To that table the editor appended the following note expressive of his opinion of Mr. Fisher's qualifications:—"This table was formed, at my request, by my friend, Mr. Wm. R. Fisher, of this city (Baltimore),—a gentleman whose scientific attainments are ample, and whose attention has been zealously and usefully directed to the chemical and other relations of toxicology, some of the results of which are contained in the pages of the "American Journal of Pharmacy."

At the same meeting Dr. Ellis Hughes, of Annapolis, was appointed Demonstrator of Anatomy.

Ligature of the Arteria Innominata.—Recent English papers assert that a great excitement was created among the surgical and medical gentlemen of Edinburgh by the successful operation of tying the great artery, called the arteria innominata. It was performed in less than fifteen minutes by Professor Lizars, for the first time in Great Britain. It was once performed successfully by Dr. Graefe of Berlin, and once in New York by Dr. Mott.

Meeting of Medical Societies—The Rhode Island and New Hampshire medical societies have recently held their annual meetings. At the meeting of the last—the 46th—at Concord, Dr. Hill, of Northwood, addressed the society upon the subject of quackery, and the president, Professor Mussey, made a report, as chairman of a committee, upon the situation, as respects health and morals, of operatives in manufacturing establishments.

Gray Sulphur Springs of Virginia.—These springs, which have come into notice chiefly within the last two or three years, add another pleasant retreat for the invalid to the many afforded by the trans-Alleghany region of Virginia. They are situated three fourths of a mile from Peterstown, nine miles from the Red Sulphur, and twenty miles from the Salt Sulphur Springs. The waters have been analysed by Professor C. U. Shepard, and found to contain,—bicarbonate of soda; supercarbonate of lime; bicarbonate of magnesia; supercarbonate, or crenate, of protoxide of iron, or both; sulphate of magnesia and sulphate of soda, in traces; chloride of calcium and chloride of sodium, in traces; silicic acid; hydrosulphuric acid; nitrogen and alkaline or earthy crenate.

There are two springs, both of which contain the same ingredients, although in different proportions,—the one being termed the antidyspeptic spring, the other the aperient.

It need scarcely be said, that the great desideratum, in most chronic ailments, is appropriate revulsion, which is in no wise so satisfactorily accomplished as by change of location, and, therefore, independently of any virtues there may be in the Gray Sulphur waters, a temporary sojourn in a situation, the air of which is described as pure, dry, and elastic, while the temperature is delightful, can scarcely fail to be advantageous.

There can be no doubt that the Gray Sulphur Springs will constitute a valuable sanitarium.

Review of Dunglison's Therapeutics.—In the number of the "American Journal of the Medical Sciences" for August—just issued—there is a review of the Therapeutics of Dr. Dunglison, in which the reviewer very properly examines freely into the different views of the author, adding,—"We have spoken of Dr. Dunglison's treatise with freedom; it is very probable that the author and his friends may think that we have spoken, in some instances, with undue license and unnecessary severity." We assure the reviewer, in all sincerity, that no such feeling has been excited in us by the perusal of his strictures, and we think we can answer, that the impressions of our friends will be the same as our own.

It will be obvious to every one, who will take the trouble of reading the work, and the review in the "American journal," that the two authors are, in their views as to therapeutical facts and enquiries, wide as the poles asunder, and there is but little probability that they will ever approach nearer. Conceiving, as we do, that every review should contain the honest fearless exposition of the opinions of the writer, we should be amongst the last to object to such productions, even when, from inadvertence or other causes, mis-statements may have been made as to the sentiments inculcated in the work reviewed. The opinions of the reviewer are those of one individual; the opinions in the work reviewed are clearly those of the author; when, therefore, they are widely apart, the difference must be regarded merely as difference of sentiment between two individuals. In the very number of the "American Journal," in which the review appears, this kind of discrepancy is perceptible between the reviewer of the "Therapeutics" and the author of a bibliographical notice on "Colles on the Venereal," written, we believe, from the initials, by an estimable physician of this city, the former retaining the ancient belief—as he seems to do on most questions—that mercury is an "antidote" to syphilis: the latter being inclined to ascribe the removal of syphilitic symptoms under the mercurial plan of Dr. Colles to the affection getting well "in spite of the action of that agent," and he concludes, that with such views as Dr. Colles possesses upon fundamental points, his book is "calculated to retard rather than promote our knowledge of the pathology and treatment of the venereal disease." Yet, by others, the work has been considered as one of the best practical treatises, not only upon this but upon any subject that has appeared in modern times! It is one of the books reprinted by us in the "Library," and its merits can therefore be estimated by our readers.

BOOKS RECEIVED.

From the Publishers—E. W. & C. Skinner, of Albany.—Transactions of the Medical Society of the State of New York. Albany, vol. i. part 1, 1832, vol. i. part 2, 1833; vol. ii. part 1, 1834, vol. ii. part 2, 1835; vol. iii. part 1, 1836, and vol. iii. part 2, 1837.

From Dr. John Mason Warren.—A Letter respecting Santa Cruz as a Winter Residence for Invalids; addressed to Dr. John C. Warren, of Boston, Mass. By Joseph Tuckerman. 8vo, pp. 27. Boston, 1837.

From Dr. Bowditch.—Pathological Researches on Phthisis. By P. Ch. A. Louis, Doctor in Medicine of the Faculties of Paris and St. Petersburg, Physician to the Hospital La Pitié, &c. &c. Translated from the French, with introduction, notes, additions, and an essay on treatment. By Charles Cowan, M. D. E., M. D. P., M. R C. S. E., Member of the Society for Medical Observation, &c. &c. Revised and altered by Henry I. Bowditch, M. D., Fellow of the Massachusetts Medical Society and Member of the Society for Medical Observation at Paris. 8vo, pp. 550. Boston, 1836.

From the same.—Anatomical, Pathological, and Therapeutic Researches upon the Disease known under the name of Gastro-enterite, Putrid Adynamic, Ataxic, or Typhoid Fever, &c., Compared with the most Common Acute Diseases. By P. Ch. A. Louis, President for Life of the Society for Medical Observation at Paris, &c. (with a motto). Translated from the original French by Henry I. Bowditch, M. D., Fellow of the Massachusetts Medical Society, &c. &c. 8vo, 2 vols. pp. 395 and 462. Boston, 1836.

From the Hon. J. Jackson, Member of Congress from Georgia.—Account of the Medical Properties of the Gray Sulphur Springs, Virginia. Second edition, with a statement of the cases of 1835 and 1836. 8vo, pp. 24. Charleston, 1837.

The Annual Announcement of Lectures of Jefferson Medical College for the Session 1837–8, with the list of students and graduates of session 1836–7. 8vo, pp. 16. Philadelphia, 1837.

An Introduction to the Study and Practice of Medicine, comprising a brief exposition of medical knowledge; directions for their study; references to the best elementary and practical books; and a selection of medical precepts. By John Dowson, M. D., &c. &c. 12mo, pp. 98. London, 1834.

THE

AMERICAN MEDICAL INTELLIGENCER.

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Art. I.—MEDICAL TOPOGRAPHY.—No. 2.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

That portion of our southwestern territory known as the Arkansas country, is comprised within the 31st and 38th parallels of N. latitude, and the 13th and 23d lines of W. longitude from Washington—including the state of Arkansas, and the country west, as far as the sources of the main Canadian river, and southwest to the Sabine. This country is abundantly watered; several rivers of the largest class cross it, and numerous tributaries course through it in almost every direction. A chain of the Ozark mountains is included in the limits. That part bordering on the lower Arkansas, White, Red, and Mississippi rivers, is generally flat, and subject to frequent overflows. Rich alluvial bottoms abound, covered in some parts with cane, and in others with a growth of swamp cypress, oak, and cotton-wood. Receding from the rivers, the country is for the most part prairie, until it passes north of Arkopolis, or "Little Rock." Here it commences breaking into "hill and dale, valley and mountain," interspersed with rich alluvial meadow lands. In the neighbourhood of Fort Gibson it is of a mixed character; but after crossing the Arkansas near this post, and following the trails to Camp Holmes, on the Canadian, and Coffee's trading station, on Red river, it is for the greater part prairie, and in the vicinity of streams subject to overflow; and hence has received the name of "*wet* prairie land,"[1] in contra-distinction to the dry prairies of Missouri, Illinois, and Ouisconsin. These trails pass through the "Cross Timbers," a woodland ridge that stretches from northeast to southwest for several hundred miles; in some places but eight or ten miles broad, in others thirty and forty. A growth, mostly of scrub oak and dwarf hickory, covers this natural barrier, which stands between the "Pawnee Range" and the Arkansas; and separates, at present, the wild tribes from the emigrant Indians, whom the policy of our government has *transported* to this part of the far west. The Choctaws, Cherokees, and Creeks, are seldom seen, except when on a hunting frolic, in the Pawnee range; nor are the Cumanches, Pawnees, and Kioways, found on this side of the Cross Timbers. These latter tribes follow the buffalo, and that animal is now seldom found this side of the barrier.

It is not my purpose to enter fully into a description of our southwestern border; nor to give a detailed account of the whole topography. A few general observations on the nature of the soil, natural productions, and climate of that region, are all that my limits will allow me to furnish, as an introduction to the nature of the diseases that prevail there.

The prairies of the Arkansas country are mostly composed of deep alluvial strata, superimposed upon limestone, abounding in *bivalve* shells within the state of Arkansas; and beyond the Canadian and Red rivers north, upon red sandstone and iron ochre. Traces of coal are frequently met with this side of the Canadian; but, as yet, no mines worth working have been discovered. Marine deposites are found in various parts of the state; and salt and sulphur springs abound. Some of the former are worked to good advantage, and several of the latter enjoy a high reputation, and I believe justly, for their medicinal effects in chronic disorders, particularly rheumatism and gout. West of the Canadian are many salt springs, extensive plains of encrusted salt, and hills of transparent *gypsum.* Several specimens of *selenite,* and natural *muriate of soda,* were obtained by Capt. David Perkins, of the 1st U. S. Dragoons, in 1835, whilst on an expedition into this unexplored region, in search of the Kioways, to bring them to council. The prairies are rich in vegetation. In spring, as far as the eye can reach, we behold an almost illimitable carpet of verdure, studded with the variegated hues of a thousand flowers, with scarcely a tree or hillock to interrupt the view. Several indigenous species of *mimosæ* are found upon these prairies; and I have myself noticed *three* varieties of the sensitive vine, the *pink*, *white*, and *yellow*—this last without prickles.[1] The streams are bordered with a luxuriant growth, mostly of cotton-wood, walnut, and elm. The country, in some parts, has fine springs and rivulets of pure water; but in many neighbourhoods it is hardly potable, owing to saline particles held in solution. That at Fort Gibson, from the wells, creates disgust to drink it—being both strongly saline and chalybeate—whilst that of the Arkansas, in the vicinity, is decidedly saltish; nor is that furnished by the Neasho, at the post, free from impurities.

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[1] Between Little River and the main Canadian, is a miry lagoon, called the "Buffalo Lake," sometimes covered with water to the extent of from fifteen to twenty miles by three and four. In 1835 we crossed it; then in a miry condition.

I have passed the better part of two years in the prairie country of the Arkansas, and have noted particularly the climate. During this time, the atmosphere was generally surcharged with *moisture*, as indicated by heavy and long-continued rains, and uncommonly heavy dews and frosts. The seasons are irregular in their changes. The spring is variable, summer and autumn sultry, and the winter moist and cold—snow and ice not being infrequent. The thermal variations of this climate are surprising. In the summer of 1834, the temperature suddenly rose to 112° Fahrenheit at Fort Gibson, and the weather continued insupportably hot for some weeks. In 1835, the summer, on the grand prairies, two hundred miles west of that post, was remarkable for the insupportable heat of the days, and uncomfortable coolness of the nights. In June and July, 1836, at Fort Towson, on Red river, I have known the thermometer to vary 60° in the same twelve hours, and frequently 40° and 50°.

Owing to the great number of salt springs and licks in the Arkansas country, constantly liable to overflow upon the rich alluvial soil, and mixing with the dead vegetable matter every where abounding, the elevated temperature of summer occasions to be eliminated from these sources the most deadly of miasms. All writers of respectability agree that the *malaria* generated by the mixture of salt and fresh waters, upon an alluvial soil, with decaying vegetable matter, is much more sudden and deadly in its operation than that produced without the intermixture of saline particles. This has been noticed particularly in those parts of Italy, on the Mediterranean coast, subject to occasional inundations from the sea, where bilious congestive, remittent, and intermittent fevers of a malignant character, are usually rife.

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[1] It is to be regretted that we have no full work upon the plants of our prairies. This desideratum would have been fulfilled, but for the unfortunate death of the amiable and talented Dr. Beyrick, of Prussia, who died at Fort Gibson, in 1834, a martyr to his zeal for science, and a victim to the climate of that "charnel house" of the army. Under commission from the king of Prussia, Dr. B. visited our country in quest of botanical science. He accompanied the 1st Dragoons in their expedition of 1834 to the far west; and, at the time of his death, had made many valuable additions to botany, having discovered and described numerous nondescript plants, and preserved specimens of many rare and beautiful orders.

I have been forcibly struck with the similarity of the diseases that prevail in the Arkansas country with those described by Cleghorn, M'Culloch, and others, as common in Mediterranean Europe. It is no longer surprising, however, when we consider the near assimilation of these countries to each other, in a medico-topographical point of view.

These few remarks on the medical topography of our southwestern country, will serve to introduce the *nature* of the diseases which prevail there; and enable the medical enquirer to better understand their characters, which will form the subject of our next number.

Art. II.—ON THE USE OF THE STRAMONIUM IN NEURALGIA FACIEI.

BY DR. FERDINAND WENDELSTADT, OF HERZFELD.[1]

Dr. Wendelstadt does not pretend to be the first person who used the stramonium in cases of neuralgia faciei (Fothergill'schen Gesichtschmerz). He refers to Lentin, Marcet, Vaidy, Richter, Schmidtmann, and others. He adopts, however, his own mode of administration, from which he has been so successful that he considers it as much a "specific" as the bark is in intermittent fever.

In ordinary cases, Dr. Wendelstadt gives half a grain of the extract; an hour afterwards he repeats the dose, and again two hours afterwards; and should no narcotic phenomena supervene, he repeats it again and again every other morning; but if, after the second dose, the patient complains of dryness of the throat, and troubled vision, the third dose is postponed. This course he adopts in all cases of idiopathic prosopalgia, even where they have persisted for months and years, except that in these last cases he continues the treatment for some days after the pain has disappeared.

In obstinate cases, he rubs, twice a day, on the seat of pain, an ointment, composed of unguent. hydrarg. ciner. ʒj, antim. tartar. ℈j, as recommended by Mr. Scott,—or one composed of unguent. rosat. ʒ½, hydrarg. proto vel. deuto-ioduret. ℈j, according to the condition of the skin; and washes the parts with a solution of muriate of ammonia in rose water. This plan is continued until an eruption is induced.

Signs of narcosis generally disappear after a short sleep, aided, if necessary, by the internal use of lemon juice or vinegar. Dr. Wendelstadt refers, however, to one or two cases, in which considerable stupor and depravation of vision followed the use of the remedy; but they ultimately disappeared, and with them neuralgia of long duration.

Art. III.—ON THE STILL-BORN.

BY THE EDITOR.

Dr. Avery has entered at some length—in a communication recently published[2]—into an enquiry "on the causes of the great proportion of still-born children in our large cities over those of London;" but we do not think he

[1] Journal der praktischen Heilkunde, von Hufeland und Osann. Nov. 1836, s. 100.

[2] Transactions of the Medical Society of the State of New York, vol. iii., P. 2, p. 179. Albany, 1837.

has thrown much light on the subject, and this owing mainly to the intrinsic difficulty of the enquiry.

Let us examine into a few of the facts arrived at by medical *statisticians*, always bearing in mind the remark of M. Quetelet,[1] that "few statistical documents are more subject to erroneous indications than those relating to the still-born; yet, when a ratio is maintained pretty constantly, with but slight variations, and the data have been collected under different administrations, there is great reason for the belief that they are not very remote from the truth."

Casper, in his Memoir on the Mortality of Infants in Berlin,[2] gives the proportion of the still-born to the total number of births in different cities of Europe, to which we have added those of some of the principal cities of this country.

Places.	Births for one still born.	Authority.
Strasbourg,	11	Friedlander.
Boston,	13.8	Avery.
Hamburg,	15	Casper.
Amsterdam,	16.9	Quetelet.
Dresden,	17	Rambach.
New York,	17.7	Avery.
Philadelphia,	18.1	Emerson.
Paris,	19	Baumann.
Berlin,	20	Casper.
Vienna,	24	do.
London,	27	Black.
Brunswick,	33	Rambach.
Stockholm,	36	Wargentin.

The average number, according to this table, is twenty-one, which does not differ materially from that of Berlin. From the statistics of that city, it would appear that the ratio fluctuates considerably in different periods.

Periods.	Births for one still-born.
From 1758 to 1763	23.5
1764 to 1769	20.2
1770 to 1774	17.7
1785 to 1792	18.6
1793 to 1800	20.0
1801 to 1808	18.6
1812 to 1821	19.7
	Mean—19.8

From the estimates of Dr. Avery, it seems that in New York the number, during the years 1816, 1817, 1818, 1819, and 1820, was 1 in 21.8; and in 1825, 1826, 1827, and 1829, 1 in 16.5.

In Boston, again, the proportion in 1820, 1821, 1822, 1823, and 1824, was 1 in 12.3; and in 1825, 1826, 1827, 1828, and 1829, 1 in 15.6.

In Philadelphia, the fluctuation was much less. In the years 1807, 1808, 1809, 1810, and 1811, the ratio was 1 in 17.7; and in the years 1822, 1823, 1824, 1825, and 1826, 1 in 17.4.

Casper states his conviction that the number of the still-born, compared with the births, is much greater in town than in country, and his opinion has been confirmed by M. Quetelet, in Western Flanders, from observations made from 1827 to 1830 inclusive.

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[1] Sur l'Homme et le Developpement de ses Facultés, p. 122. Paris, 1835.

[2] Ueber die Sterblichkeit der Kinder in Berlin. Beitrage zur Medisinischen Statistick, u. s. w. Berlin, 1825; and Quetelet, *op. cit.*

	Mean number of Births.	Still-born.	Ratio in.
Towns,	5424	266	20.4
Country,	14637	383	38.2

These estimates make the number of the still-born in towns nearly double that of the country.

Another singular fact has been derived from these enquiries—that the mortality is greater among boys than girls. Of 2597 still-born in Western Flanders, 1517 were males, 1080 females, which yields a ratio of about 14 to 10, a difference exhibited by the bills annually, and therefore, as M. Quetelet infers, owing to some special cause.[1] At Berlin, from 1785 to 1794, 1518 males were still-born, and 1210 females; from 1819 to 1822, 771 males, and 533 females; the ratio being 28 to 20, according to Casper, and consequently the same as in Western Flanders. In Amsterdam, in a space of twelve years, from 1821 to 1832 inclusive, the proportion was as 244 to 186, or about as 13 to 10, and in the *Annuaires du Bureau des Longitudes*, for the years between 1823 and 1832 inclusive, the proportion in Paris is stated as 12.2 to 10.

Season, again, appears to exert some influence, the greatest number of still-born occurring during the winter months. Dr. Avery refers only to the city inspector's reports of New York for the years from 1819 to 1828 inclusive. The number during the months of December, January, and February, was 557; during July, August, and September, 547; but further observations on this point are necessary. The same fact is shown by the mortuary registers of Berlin and Western Flanders, during the years from 1827 to 1831 inclusive.[2]

Another statistical fact, which may constitute an additional point of departure for our deductions on this topic of anthropology, is, that the ratio of still-born amongst the products of illegitimate conception is greatly preponderant. Thus, at Göttingen, of 100 births, 3 legitimate children were still-born, and 15 illegitimate. At Berlin, the still-born in 100 illegitimate births, during the half of the preceding century, were three times more numerous than the still-born in 100 legitimate births, and this state of matters has not been much ameliorated; for, during the four years from 1819 to 1822, there was 1 still-born in 25 legitimate births, and in 12 illegitimate.

Lastly, it has been found at the *Hôpital des Vênériens*, at Paris, that there were two premature births in every six or seven accouchements.[3] At Hamburg, during the year 1820, in a house into which scarcely any but public women labouring under the venereal disease were admitted, 6 were still-born in 18 illegitimate births; and in another house, in the same city, also inhabited by public women, in 93 births, 11 were still-born.

Can we, then, from these facts, deduce any thing plausible as to the causes of the greater ratio of still-born in some cities than in others; in civic than in rural life; amongst the male infants rather than the female; in the winter than in the summer; and in the illegitimate rather than the legitimate. It is a most interesting but difficult enquiry, into which Dr. Avery has entered at some length; and into which we may enquire, hereafter. This much would appear manifest, that where the constitution of the mother is diminished in energy from any cause, the child is less likely to be born alive, or, if born alive, to be healthy; hence we may account, in part, for the greater proportion of still-born in town than in country; in the case of the illegitimate than the legitimate; in the venereal hospitals than elsewhere. The large mass of illegitimate impregnations take place in wretched life, and, where they do not, undue pressure is apt to be had recourse to, with the view of concealment, which can scarcely fail to interfere with the due nutrition of the fœtus in utero. But how are we to explain the greater proportion of still-born in the winter months, and especially in the male sex? In the case of seasons, the difference is not very marked, and we may pass it over; but the latter—the greater proportion of still-born males—appears to be marked, and universal. A conjecture—a mere conjecture, we regard it—has been hazarded and repeated by M. Quetelet: that as the conception of a boy supposes a certain excess of force in the female, the same excess is needed during pregnancy, and should this fail, the child will suffer much more if a boy than a girl; hence the disproportion amongst the still-born in the two sexes; hence, also, the greater mortality amongst boys immediately after birth, and during lactation, a period during which they are still connected, in some measure, with the mother. It is evident, also, that females in cities, who are more delicate than those in the country, will be more liable to bring forth dead children, especially if they carry boys."[1]

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[1] Op. cit., p. 123.

[2] Quetelet, op. cit., p. 128.

[3] Dugès, Recherches sur les Maladies des Nouveaux-nés, Paris, 1824; and Quetelet, op. cit., p. 129.

We say nothing here of the destructive influence which the *secale cornutum* or Ergot has been said to exert on the fœtus in utero. Its agency obviously cannot be invoked to explain these various phenomena.

The subject of the still-born is one of those deeply interesting topics of "vital statistics" which require fresh and fresh examinations. We have adduced a few materials for thinking, which may lead to farther investigation.

ART. IV.—SOLID NITRAS ARGENTI IN THE GONORRHŒA OF FEMALES.

The numbers of the "London Medical Gazette,"[2] recently received, contain some communications on the advantages of the application of solid lunar caustic in the gonorrhœa of females.

Dr. Hannay, professor of physic in Anderson's University, Glasgow, affirms, that he has repeatedly seen the discharge cease, never to return, in twenty-four hours. On the day after its application, he has often seen it changed in character, lose its purulent form, and disappear in twenty-four hours more. These cases he has repeatedly kept under his eye for a month, and he declares that, in the proportion of 95 in 100, there was no return of the discharge; and although, in some few cases, there was a little pain produced, in by far the greater number of instances no pain was experienced from the introduction, and most free application, of the caustic. In no case has he observed any bad effects resulting from its employment. The following is Dr. Hannay's method of using it:—

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[1] Op. citat., p. 124.

[2] May 6th, 1837, p. 185

> "Introduce a stick of nitrate of silver into a quill, and tie a thread firmly round the lower part of the quill, to fasten the caustic, which I leave projecting beyond the quill about half an inch. I generally smear the quill with a little lard, and introduce the nitras argenti up to the os tincæ or as far as it can be made to ascend in the vagina. I then deliberately and slowly withdraw it, turning it round so as to bring it in as extensive contact as possible with the lining membrane of the vagina."

Dr. Hannay adds, that, by accident, the nitrate of silver has more than once broken in the vagina, and could not be found; but, although the accident caused him much alarm and anxiety at first, he never found it followed by any inconvenience.

In subsequent numbers of the "Medical Gazette,"[1] there is a communication from Dr. Thomas Palethorpe, of London, as to Dr. Hannay's claims to priority in the use of the nitrate in such cases, which he contests, stating that Dr. Jewel had recommended it in a little work on Leucorrhœa, "so long since as the year 1830." This is, however, a matter of but small moment. We have cited Dr. Hannay's remarks for their practical utility.

ART. V.—CASE OF FRACTURE OF THE SKULL, WITH DEPRESSION.

BY M. MAUGEIS, M. D., OF HERBLAY, SEINE ET OISE, FRANCE.[2]

The following case, although by no means unique, is interesting, inasmuch as it shows, contrary to the idea of many, that in all such injuries the trephine should be had recourse to; although nothing, to our mind, is better established, than that this operation should not be employed except for the removal of existing bad symptoms, or of conditions that render their supervention apparently inevitable.

A man, thirty-seven years of age, was carrying, with three of his comrades, a piece of wood, fourteen inches thick and twelve feet long, the extremity resting on his shoulder, when they sank under the weight, and let go the wood, which struck him on the right side of the head. He remained for some time without exhibiting any signs of life; the blood flowing from his mouth and nostrils. He was laid on the bed, and M. Maugeis was sent for,—rather, he says, to satisfy them that he was dead, than to afford the sufferer surgical assistance.

On examining his head, there was no solution of continuity in the soft parts; but almost all the middle portion of the right side was depressed. The longitudinal diameter of the depression, which began immediately above the frontal sinus, was four inches; the transverse diameter, three and a half; and the depth, about three lines.[3]

Three fractures were readily distinguishable. He was in a state of coma: the face pale; respiration moaning; and pulse full.

Under the antiphlogistic treatment, not pushed to any great extent—for in all the patient was bled but twice from the arm, and had leeches applied once—he recovered so rapidly, that on the fourth day, he got up and walked about his room, complaining only of considerable weakness in his lower extremities, and of buzzing in his ears, which, according to M. Maugeis, still continued at the time he reported the case. It is not certain, by the way, that encephalic symptoms did not subsequently supervene, as M. Maugeis must have published the case a few weeks only after the occurrence of the accident.

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[1] May 13th, 1837, p. 256.

[2] La Lancette Française, Nov. 1836.

[3] Twelve lines to the inch.—*Ed.*

The editor of the "Lancette Française" has the following amongst other remarks on this case:—

> What is the source of the blood, which in such cases is discharged from the nose, throat, and ears? Authors are not sufficiently lucid on this point. When the fluid does not proceed from any external injury of these parts, the source must be looked for elsewhere. Often the discharge is owing to a fracture of the base of the skull, or rather to a lesion of the soft tissues contained in it; the blood filtering externally through the natural opening of communication with the facial organs of the senses. Hence practitioners are properly alarmed at the appearance of this symptom. Can it be supposed that in M. Maugeis's case the naso-buccal discharge was owing to a fracture at the base of the skull? Certainly not; because in such case there would have been other symptoms, and the patient would not have been so soon cured. Every thing induces the presumption, that with him the blood either proceeded from a blow on the nose, which he had received in falling, or else to a simple lesion of the meninges.
>
> Another circumstance, worthy of consideration, is, the depression of the vault of the cranium, and the cure without any unpleasant symptoms, notwithstanding the depression continued. A multitude of facts has long shown, that the encephalon can become accustomed to bear with impunity a certain degree of pressure; and that when, in cases of fracture with depression, the brain and the meninges have not been greatly contused or lacerated, the cure may take place under the sole influence of blood-letting, repeated according to circumstances. We have said "a certain degree of pressure," because it is well known, that beyond these limits the action of compression induces apoplectic death, unless relief is speedily afforded by the trephine. Let us refer, by the way, to some facts which resemble the above.
>
> A man was struck on the head by a splinter from a grenade. He fell, deprived of consciousness. The right parietal bone was considerably depressed. He got well without the trephine, notwithstanding the continuance of the depression. Ten years afterwards he died of another disease. J. L. Petit opened his skull, and found the middle part of the right parietal bone broken, making a projection at the internal surface of the cranium, and compressing the dura mater. This great practitioner exclaimed, on the occasion of this fact, "If they had trepanned this man, he might, perhaps, have lived ten years less!"
>
> A child had the skull depressed, nearly as in the preceding case. Its mother opposed all kind of treatment. The coma gradually disappeared, and the cure was complete. J. L. Petit said to the woman, who was calling out at the miracle, "We owe all to nature; and, perhaps, you ought to be more obliged to your ignorance than to *our* knowledge."

The editor of "La Lancette" concludes by remarking that Quesnai, Dupuytren, Abernethy, Hennen, Fichet de Fleury—and he might have added many others—relate a number of facts similar to those of M. Maugeis.

Some years ago, a medical friend invited us to examine the case of a child who had fallen from the parapet of a bridge, which produced a depression of the parietal bones, of the size of the bowl of a tablespoon, without the supervention of any signs of cerebral compression or concussion. Yet we occasionally observe full coma induced by extravasation of blood in the brain, to no greater extent, perhaps, than the size of a pin's head!

ART. VI.—EXTRACTION OF A FOREIGN BODY FROM THE FEMALE BLADDER.

BY M. THOMAS.[1]

A lady of rank, aged thirty-four years, mother of many children, was seized, without appreciable cause, with a retention of urine. The husband, who was very well versed in the reading of books relative to diseases of the urinary passages, had taken upon himself to make his wife pass her urine. He took an ivory ear-pick, which he introduced into the urethra; the urine flowed immediately; but the quantity of liquid, passed by it, having appeared too small, he thought he ought to reintroduce the same instrument more deeply still. This time, the ear-pick slipped, escaped from his fingers, and fell into the bladder.

From that moment, the train of symptoms peculiar to stone manifested themselves.

M. Thomas was called six hours afterwards; he passed a sound into the bladder and felt the foreign body; he then introduced a very fine polypus forceps by the urethra, and seized it easily; but its extraction was impossible by this means. The woman had suffered much, and passed blood in quantity; the foreign body presented itself cross-wise only to the forceps.

He prescribed for the patient to drink a mucilaginous liquid plentifully, and to bend forward with force every time she was called to pass her urine.

The next day, cysto-peritonitis. He immediately proposed the operation of lithotomy, which was objected to by the husband. M. Thomas was then obliged to advise other remedies.

He introduced a tent of sponge, three inches in length, into the canal of the urethra; and secured it with a thread, attached in the direction of its great diameter, and tied to the two extremities of the tent. Two hours after, the urine having penetrated and swelled it, he replaced this tent by a larger one.

Two hours later, he was able to pass his index-finger as far as the bladder, and there touched the ear-pick, near the neck of the bladder, placed transversely; he displaced it and put it parallel to the canal of the urethra; he took away his finger, and the foreign body was driven out immediately.

The urine continued to flow involuntarily during six hours; it then resumed its natural course under the control of the will. The woman recovered perfectly.

ART. VII.—BROUSSAIS ON THE GRIPPE.

The following extract from a Lecture on the *Grippe*, taken in short-hand by M. Foucart,[2] is signally characteristic of the egotism, dogmatism, and, we might say, occasional charlatanism of one to whom the profession has, notwithstanding, been indebted for much useful information. M. Boussais's treatment of the *grippe* seems to consist essentially in blood-letting and revulsives.

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[1] La Lancette Française, Mars 21.

[2] La Lancette Française, Nos. 31 and 32, Mars 11, 1837.

What have post-mortem examinations exhibited? They are now regarded as the supreme oracle in diseases, as adapted to permanently throw light upon pathological anatomy, which is the source of all medical knowledge.

Well, what have they exhibited? For the entity *grippe*, they set forth nothing; they who have it in the first degree do not die, and they only have the *grippe* according to ontologists; pathological anatomy then teaches these gentlemen nothing.

When the patient dies of it, it is no longer the *grippe*, but a complication. But, unhappily for you, who tells you that this man would have had this affection of which he died, if he had not had the *grippe?* We say that it is an inflammation, which you did not know how to stop, and which has produced it. We tell the truth; we will not enumerate an insignificant set of symptoms, that no one can remember, which will escape the best memory. Our business is only to present them in the order which they affect. Autopsy, then, has taught these *grippists* nothing, because they have found the comprehensive word "complication," and they have just told you that the divine entity, the beautiful creation, called *grippe*, does not kill.

Good sense prompts me to make these assertions. I am almost ashamed to confess it; ontological medicine will never be any thing but a humbug (*balourdise.*)

What do the eclectic physicians say? These men who place themselves on a mountain higher than Parnassus, and who tell you with pride, "I take a bird's-eye view of all the symptoms; I am the eagle." Poor eagles! You see the works of these eagles.

Here are the results which they give:—The *grippe* is a slight malady, which kills no one; but you must never bleed; if you bleed, it will become dangerous. And when they have written that, they subscribe to it with the greatest naïveté and simplicity. And what happens then? When the physiological physician is now called in, and says to you, "The disease is serious, we must bleed;" they reply to him; "But, sir, such and such a journal has said that the *grippe* is a slight affection, and that bleeding is unnecessary." Whence does this come, gentlemen? It comes from French frivolity; every one wants to invent. But remember that few men can invent; that many ought to give up inventing, and endeavour to instruct themselves. Slight cases were observed at the commencement of the epidemic, and, after that, people immediately said, "The *grippe* is a slight disease, which does harm to no one; there is no occasion for medicine." . . .

They have said it is a slight disease, about which there is nothing serious. Upon the faith of this assertion, the disease has been badly treated, and unpleasant symptoms have supervened. These men, then, reconsidered their assertion, and said, "The *grippe* may be the occasion of a serious malady, if there be any predisposition." But the physiologists had known this long; you ought also to know it, and you would not have committed this *butterflyism* (*papillonage*), by writing in a wrong and contradictory manner. All these spies (*inspecteurs*) at the upper part of the amphitheatre, who come to listen for an instant,—"What does this original Broussais say, then?"—who shrug their shoulders and go away; these are people of that calibre.

The have said, yes, it is true, this *grippe* has influence upon other diseases; they have said the *grippe* has caused all that; but not the *grippe* as you have seen it; it is more than that. Hence another false prognostic. And self-love is the cause of it, which is a terrible sentiment, especially in France. When we have asserted any thing, even if proved false, were we to have our heads cut off, we would still maintain it.

It has been attempted to separate the *grippe*, a slight disease, from the complication of grippe. *Grippe* has been acquitted, and declared innocent of all the murders which have taken place.

Art. VIII.—PROTO-IODIDE OF IRON IN SYPHILIS, GONORRHŒA, &c.

M. J. J. L. Rattier[1] reports, that M. Ricord, in his practice at the *Hôpital des Vénériens*, of Paris, has found the very best effects from the internal use of the iodide of iron, in cases where tonics require to be combined with anti-syphylitic remedies, especially where any scrofulous vice (*lymphatisme*) constitutes a complication. He administers it, also, with great success, to remove the consequences of syphilis, and has found it advantageous as an alterative in tonic ulcers of the legs, and in spreading ulcers of the throat, which have been aggravated or have not yielded to mercury.

> "In many cases," says M. Rattier "of caries of the bones of the cranium, face, tibia, &c., the separation of the dead parts has been obtained by the administration of the iodide of iron in a high dose, one half sooner than by the use of the means commonly employed. We have frequently seen an active caries stop before any other general effects of the agent were observable. In short, in scrofulous lymphatic subjects of weak constitution, chronic discharges from the urethra and vagina have, at times, been cured with remarkable promptitude under the influence of M. Ricord's new medication."

The strength of M. Ricord's solution is half a dram of the iodide to eight ounces of water—given, we presume, in the twenty-four hours.

In a subsequent communication in the same journal,[2] M. Rattier gives an account of the use of the same agent, in the way of injection, in cases of blennorrhœa. In every case in which tonic astringent injections are indicated, the iodide, in the opinion of M. Ricord, ought to occupy the first rank. Its use, he says, can only be contra-indicated when there is much inflammation or pain in passing the urine, or when cystitis exists.

The strength of the injection should be three grains to the ounce of water.

Art. IX.—ON THE INJURIOUS INFLUENCE OF THE SECALE CORNUTUM ON THE FŒTUS IN UTERO.

It has been suggested, that the more frequent use of the ergot of rye, with the view of hastening parturition, may partly account for the greater number of still-born now than formerly. It has been maintained by several, that the ergot is positively injurious, not only to the fœtus in utero, but likewise to the mother.[3] But even if we admit this to be true, and that the number of still-born is greater than formerly,—which, however, is by no means the case—its influence can be but small, and cannot be invoked to explain many of those statistical differences that we have pointed out in a former article.

Indeed, as Dr. Avery has affirmed,[4] the opinion that the mortality is owing to the ergot, has been advanced without any positive evidence to support it, and rests upon suspicion alone. "That this drug," he adds, "is capable of producing the death of the fœtus, if given under certain circumstances, is the opinion of many of the most eminent practitioners; but that it is so administered sufficiently often to perceptibly affect the bills of mortality will hardly be credited by those who are well acquainted with the members of the medical profession in our cities, and especially in the absence of all proof on the subject."—p. 186.

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[1] La Lancette Française, 4$^{\text{eme}}$ Fevrier, 1837, No. XV.

[2] 16$^{\text{eme}}$ Fevrier.

[3] Jörg, das der Gebrauch innerer Reizmittel zur Beforderung der Geburt des Kindes unnöthig, fruchtlos, und gesunden Frauen sogar schadlich sei, s. 54, Zeitz. 1830; and Chavasse, in Transactions of the Provincial Medical and Surgical Association, vol. iv. p. 306. Lond. 1836.

[4] Transactions of the Medical Society of the State of New York, vol. iii. pt. 2, p. 185. Albany, 1837.

Art. X.—APPLICATION OF LEECHES TO THE SCHNEIDERIAN MEMBRANE IN HEADACHE.

Dr. John Walker has recently published some cases of decided advantage, obtained from the application of leeches to the Schneiderian membrane.[1] He asserts that he has "found much benefit from this mode of treatment in the painful headaches peculiar to pregnant females; in those arising from irregularity or total suppression of the catamenia in plethoric habits; and a few depending upon biliary derangement." He relates five cases of headache, in which from one to four leeches, applied to the membrane on each side of the septum of the nose, were productive of immediate and permanent relief.

Our readers will find this plan recommended by Dr. Wardrop, in his treatise on "Blood-letting," (p. 64) reprinted in the first number of this "Library." We have employed it with marked advantage in several cases of ophthalmia, which had not yielded to general bleeding, collyria of nitrate of silver, cathartics, &c.

BIBLIOGRAPHICAL NOTICES.

Tuckerman on Santa Cruz as a Winter Residence for Invalids.[2]

This letter is from the pen of a most intelligent philanthropist, whose name is well known over every part of this extensive country, but especially in Boston—the main seat of his beneficent exertions—and it is addressed to the excellent professor of anatomy in Harvard University. It contains the results of the author's experience regarding the climate of Santa Cruz, as a winter residence, and should be read by every physician, and by every invalid who contemplates an expatriation to shun the rigours of a northern winter.

"As far as my observation and capacity of judging," says Dr. Tuckerman, "enabled me to form a correct opinion upon the subject, I was led to the conclusion, that there were but two classes of invalids, among those who passed the last winter in Santa Cruz, who derived any considerable benefit from the change of climate, for which they went there. These were, first, patients suffering under pulmonary affections; and, secondly, those who had suffered from rheumatism. The relief found by this last class of patients was very great. And great, also, was the relief experienced by those who had not passed the first stages of pulmonary affections. But if ulceration have begun in the lungs, I believe that it will not there even be retarded in its progress. I was told, indeed, by physicians there, that in decidedly consumptive cases disease is much more rapid in the tropical regions than with us. Persons of biliary habits will suffer more from them there than at home; and will be more exposed than any others to prevalent intermittent fevers. And, for the healthy, the last change to be sought for gratification is a residence in the West Indies. It will be at no small cost of physical, as well as of intellectual and moral enjoyment, that one who has health, and who knows how to use it, will unnecessarily pass even five or six months there." p. 17.

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[1] British Annals of Medicine, March 31, 1837; and British and Foreign Medical Review, No. VII, for July, 1837, p. 251.

[2] A Letter respecting Santa Cruz as a Winter Residence for Invalids; addressed to Dr. John C. Warren, of Boston, Mass. By Joseph Tuckerman. 8vo. pp. 27. Boston, 1837.

We shall have occasion, hereafter, to refer to this interesting pamphlet.

Bowditch's Editions of Louis on Phthisis, and on Fever.[1]

We strongly recommend these valuable works, by the distinguished author of the "Numerical Method," to the attention of the professional reader. No library ought to be regarded as complete without them. The thanks of the profession are due to Dr. Bowditch for presenting them in so favourable a dress.

Influence of the Hours of the Day on Births.—Every practitioner in midwifery must have been impressed with the conviction that he has been called to a greater number of parturient females during the night than during the day. This conviction, doubtless, arises in part from the feeling of greater inconvenience to which these nocturnal calls give rise; yet statistical investigations exhibit that the conviction is founded in fact.

M. Quetelet,[2] in investigating this subject, made use of results communicated to him by Dr. Guiette, who was, at the time, attached to the "*Maternité*" of the Hôpital Saint Pierre, of Bruxelles. These results were communicated to M. Villermé, who found them entirely analogous to those at which he had arrived in the case of the "*Maternité*" of Paris. They were as follows, estimated in periods of six hours:—

	Births.	
Hours.	1811—1822	1827—1828
Before midnight,	798	145
Before mid-day,	614	119
After mid-day,	574	119
Before midnight,	694	148
Total,	2680	531

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[1] Pathological Researches on Phthisis. By Dr. P. Ch. A. Louis, Doctor in Medicine of the Faculties of Paris and St. Petersburgh; Physician to the Hospital La Pitié, &c. &c. Translated from the French, with introduction, notes, additions, and an Essay on Treatment, by Charles Cowan, M. D. E., M. D. P., M. R. C. S. E., &c. &c. Revised and altered by Henry I. Bowditch, M. D., Fellow of the Massachusetts Medical Society, and Member of the Society for Medical Observation, at Paris. 8vo. pp. 550.

Anatomical, Pathological, and Therapeutic Researches upon the Disease known under the name of Gastro-enterite, Putrid, Adynamic, Ataxic, or Typhoid Fever, &c., compared with the most common Acute Diseases. By P. Ch. A. Louis, President for life of the Society for Medical Observation, at Paris, &c. (with a motto). Translated from the original French by Henry I. Bowditch, M. D., Fellow of the Massachusetts Medical Society, &c. &c. 2 vols. 8vo. pp. 395, 462.

[2] Sur l'Homme, i. 102, Bruxelles, 1835.

From this table it appears, that the births were more numerous in the night than in the day; the ratio for the eleven years, from 1811 to 1822, being 1492 to 1188, or as 1.26 to 1, and for the two years of 1827 and 1828, 293 to 238, or as 1.23 to 1. This makes nearly five children born during the night for four born during the day. The researches of Dr. Buek,[1] of Hamburg, cited by M. Quetelet, make the ratio as 1.31 to 1.

M. Quetelet affirms that, from private observations, the births are generally least numerous about the hours of midnight and mid-day.

Dr. T. R. Beck's Statistics of the Blind in the United States.—We extract the following table, which was communicated by the author to the "Transactions of the New York State Medical Society." It shows the number of the blind in each state, with the proportion in the United States, as indicated by the census of 1830. (Proportion, 1 in 2363.)

States, &c.	Whites.	Slaves and coloured Persons.	Total.
Maine	159	1	160
New Hampshire	105		105
Massachusetts	218	5	223
Rhode Island	56	8	64
Connecticut	188	7	195
Vermont	51		51
New York	642	82	724
New Jersey	205	22	227
Pennsylvania	475	28	503
Delaware	18	11	29
Maryland	147	124	271
Virginia	355	438	793
North Carolina	223	161	384
South Carolina	102	136	238
Georgia	150	123	273
Alabama	68	48	116
Mississippi	25	31	56
Louisiana	36	77	113
Tennessee	176	37	213
Kentucky	169	83	252
Ohio	232	6	238
Indiana	85	2	87
Illinois	35	4	39
Missouri	27	10	37
Michigan	5		5
Arkansas	8	2	10
Florida	3	16	19
District of Columbia	11	8	19
	3974	1470	5444

University of Virginia.—The vacant chairs of anatomy, physiology, and surgery, and of pathology, obstetrics, and medical jurisprudence, in the University of Virginia, have been recently filled by the appointment of Dr. James L. Cabell, of Virginia, to the former, and of Dr. Robert E. Griffith, recently of the University of Maryland, and previously of Philadelphia, to the latter.

These are, doubtless, good appointments. Of the intellectual qualifications of the former of the gentlemen, we have had the most ample opportunities for judging. Whilst a student of the institution—to a highly responsible situation in which he has been so honourably appointed—he was distinguished for the ability and assiduity displayed during the whole of his collegiate career, which terminated in his acquiring the mastership of arts—an honour not gained after a simple residence of a certain period within the walls of the institution, but requiring an extensive knowledge of the departments, the study of which is considered indispensable in the candidate for the *summi honores.* After leaving the University of Virginia, Dr. Cabell became, for a time, the private pupil of the editor of this journal, and followed the medical lectures in the University of Maryland, where he graduated. During his attendance on the lectures at that institution—during a long residence in the Baltimore Almshouse, and, subsequently, whilst in Philadelphia—and at the Ecole de Médecine of Paris, he had full opportunity for developing the powers of an intellect naturally strong, and of adding extensively to his professional and general information. As a lecturer, he is yet untried; but if he should possess the power of communicating his knowledge at all in a ratio with the extent of that knowledge, he will make one of the most successful medical teachers in the Union.

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[1] Nachricht von dem Gesundheits-zustande der Stadt Hamburg. Von N. H. Julius, s. 157. Hamburg, 1829.

Jefferson Medical College.—The number of students during the last session of this college—according to the "annual announcement," just published—was 317; the number of graduates, 125. The *October course* of lectures will begin on the first Monday of the month; the *regular course* will begin on the first monday of November, and terminate on the first day of March.

NECROLOGY.

Professor Lauth, of Strasbourg.—Died, at Strasbourg, about the end of March, in the 33d year of his age, Dr. Ernst Alexander Lauth, professor of physiology in the University of Strasbourg, a situation which he had filled only a few months. The office of prosector and *chef des travaux anatomiques* he had held for many years with great credit to himself and to the institution. He graduated at Strasbourg in 1824, his inaugural dissertation being "*Sur les Vaisseaux Lymphatiques*," a subject which he afterwards zealously prosecuted. His chief work was his "*Nouveau Manuel de l'Anatomiste*," published in 1829; a second edition of which was issued in 1836.

Dr. William Cummin.—This gentleman, who was lecturer on medical jurisprudence in the Aldersgate Medical School, died on the 10th of April last, in the 37th year of his age. His lectures on medical jurisprudence, delivered in the winter of 1836, were published in the London Medical Gazette. The subject had long occupied his attention, as his valuable lectures sufficiently exhibit.

Dr. Rasori.—This distinguished systematist died at Milan, on the 13th of April, at the age of 75. Dr. Giovanni Rasori was the founder of the doctrine of contra-stimulus—the *nuova dottrina medica*—which he substituted in the place of Brunonianism, of which he had been the zealous supporter.

Letter from Dr. Oppenheim, of Hamburg.—The editor may, he trusts, be pardoned, both by Dr. Oppenheim and the readers of this journal, for introducing into its pages the following liberal—although, he fears, unmerited—tribute from Dr. Oppenheim, of Hamburg, the enlightened *redacteur en chef* of the Zeitschrift für die gesammte Medicin—his co-editors being the distinguished Dieffenbach of Berlin, and Fricke of Hamburg. The editor need hardly say how highly he appreciates the honour, emanating from such eminent individuals, to all of whom he is personally unknown, and who were consequently unswayed by favour or affection in bestowing it.

Hamburg, May 6th, 1837.

Sir,—In handing you this fourth volume of their publication—which they have taken the liberty of dedicating to you—the editors of the "Journal of General Medicine" feel persuaded they could not have better ornamented their work than by prefacing it with the name of him whose incessant labours in the field of medicine and physiology have so essentially contributed towards the advancement of our science. They have, therefore, not only hastened, in this part of their journal, to lay copious extracts of your "Elements of Hygiène" before the German public, but they intend giving to their learned readers further extracts of your last publication—"General Therapeutics, or Principles of Medical Practice"—and from all such works as they yet hope to see from so able a pen.

Trusting that you will deign to accept this volume of their journal, they have the honour to sign

Your most obedient,
The editors of the Journal of General Medicine.
Dr. Oppenheim, *Redacteur en Chef.*

Dr. R. Dunglison, Prof., Philadelphia.

BOOKS RECEIVED.

From Dr. Oppenheim, the editor-in-chief.—Zeitschrift für die gesammte Medicin, mit besonderer Rücksicht auf Hospitalpraxis und auslandische Literatur. Herausgegeben von J. F. Dieffenbach, in Berlin, J. C. G. Fricke, und F. W. Oppenheim, in Hamburg. Vierter Band, mit zwei Steintafeln. 8vo. 560 s. Hamburg, 1837.

[A presentation copy of the volume, which the distinguished editors have dedicated to the editor of this journal.]

From Dr. Forbes, editor of the British and Foreign Medical Review.—Klinische Mittheilungen von Dr. F. A. G. Berndt, Königl. geheimen Medizinal-Rathe, ordentlichem Professor der praktischen Medizin und der Geburtshülfe, Director der medizinischen und geburtshülflichen Klinik bei der Universität zu Greifswald, u. s. w. 8vo. 2 Heft. pp. 166 and 195. Greifswald, 1833, 1834.

From the same.—Erfahrungen über die Anwendung der Kälte in Krankheiten. Von J. D. Brandis, M. D. Königl. Dänish Leibarzte, u. s. w. 8vo. pp. 116. Berlin, 1833.

From the same.—De Lipomatum Natura et Indole. Dissertatio Inauguralis quam, &c. &c., publice defendet Auctor Bruno Linck, Silesius. 8vo. pp. 48. Berolin, 1835.

An Elementary System of Physiology. By John Bostock, M. D., F. R. S., &c. &c. Third edition. 8vo. pp. 887. London, 1836.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. **September 15, 1837.** **No. 12.**

ART. I.—VULGAR ERRORS IN MEDICINE.

BY THE EDITOR.

(Continued from page 180.)

No. 2.—*Internal Refrigerants.*

In the management of all affections in which the heat of the body is morbidly increased, and especially in our ordinary fevers, there are no remedies on which we place better founded reliance than those that belong to the class of refrigerants, or in other words that are capable of diminishing the morbid heat of the body.

To reduce this excessive heat, external agents of a proper temperature are most effectual. Damp cold, as we have elsewhere said,[1] of all external means of refrigeration tends best to diminish the activity with which heat is developed, and hence its value as an external refrigerant in fever. The same effect is induced by taking cold drinks; the influence they exert upon the lining membrane of the stomach is soon extended to every part of the system, so that the excited vital actions are speedily reduced.

So far, then, as regards the use of agents that abstract caloric from the system, there can be no doubt that we possess valuable refrigerants; but it becomes an interesting question to establish, whether any internal refrigerants are better than cold water, and whether certain agents generally esteemed to be capable of tempering morbid heat are at all entitled to the reputation they have acquired.

It is not every writer on the materia medica who has admitted a division of refrigerants, and they who have, have given an explanation of their *modus operandi* which can by no means apply to some of the most prominent of the reputed internal refrigerants. For example, Dr. Paris, a well known writer on materia medica, asserts, that "there are *certain saline substances* which, by undergoing a rapid solution, and acquiring an increased capacity for caloric, produce a diminution of temperature; and if this takes place in the stomach, the sensation of cold which it produces is equivalent to a partial abstraction of stimulus; this being extended by sympathy to the heart occasions a transient reduction in the force of the circulation, and by this, or by a similar sympathetic affection, causes a sensation of cold over the whole body."[2]

Now how does this definition apply to the main articles of the materia medica which have been looked upon as internal refrigerants? These are the nitrate of potassa and the borate of soda, and boracic acid—formerly termed *sal sedativus Hombergi.* The two last we may banish unhesitatingly from the list; for although we are compelled to infer that *experience* must have sanctioned their introduction, a later *experience* and probably a better has caused them to be regarded as by no means entitled to the character formerly bestowed upon them. Where, indeed, is there an article, however loathsome and irrational, which has not been indebted to fancied *experience* for its introduction into the catalogues of the materia medica? A better system of observation, and, what is of equal if not of greater moment, a better system of reasoning, now prevails, under whose operation the materia medica is becoming purged of its grossness and impurities; and we have no doubt, if the same *rational* system continues, the study of materia medica and therapeutics, instead of being esteemed dry—as it is generally, although, we think, erroneously—will become as attractive as that of any other department of medicine.

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[1] General Therapeutics, p. 465. Philadelphia, 1836.

[2] Pharmacologia, 4th Amer. edit. By Dr. John B. Beck. p. 67. New York, 1831.

The kind of rational enquiry, to which we have referred, exhibits in a striking point of view the errors into which *apparent experience* may lead us, provided we are not guided by the lights of sound reflection. The definition, by Dr. Paris and others, of an internal refrigerant, refers to "saline substances," which *by undergoing a rapid solution in the stomach* produce a diminution in the temperature of that viscus; and the definitions are obviously so worded as to include such substances only. *Practically*, then, what agents have we that can be considered as belonging to the class of internal refrigerants, as thus defined? Not one. Certainly not the nitrate of potassa, because that is always dissolved before it is taken; and even were it not, could the slight diminution in temperature caused by the solution be productive of greater advantage than a like diminution produced in any other way, as by taking cold water of the same temperature? *Experience* shows most satisfactorily, that as respects the action of the nitrate of potassa on the vital functions, it is *excitant* instead of *refrigerant;* and that it is only refrigerant when it comes rigidly under the definition of the writers to whom we have referred, that is, "when it undergoes a rapid solution, and, acquiring an increased capacity for caloric, produces a diminution of temperature, and if this takes place in the stomach, the sensation of cold which it produces is equivalent to a partial abstraction of stimulus."

But, although refrigerant only under these identical circumstances, the nitras potassæ has been ranked and classed as an "internal refrigerant" generally, and the same may be said of the saline ingredients that go to the constitution of the common saline or neutral mixture; and, accordingly, we observe both one and the other directed in the prescriptions of the physician to be prepared, that is dissolved, in the shop of the apothecary; to be sent to the house of the patient; kept in the sick chamber, and administered, *at the temperature of the chamber*, to the patient, in divided doses, during the day. What refrigerant effect can be expected under such circumstances! Yet, notwithstanding all these reflections, suggested by an attention to "rational therapeutics," we should bow to the weight of evidence, did experience—sound experience, that is—show, that the nitras potassæ is really capable of exerting a refrigerant influence. We have said that such experience proves it to be not *temperant* but *exciting.* But it may be said that the use of this agent, as well as of the "saline mixture," has been really found beneficial in fever. Does any rational practitioner place any reliance upon one or the other except as agents in the fulfilment of a temporising policy? When the saline mixture is administered in a state of effervescence, it is often most grateful to the patient, and the impression made on the stomach by the carbonic acid gas, disengaged by the union of the vegetable acid and the carbonated alkali, appears at times to exert a pleasing influence. But when either the saline mixture, or the solution of the nitras potassæ, is administered as above described, the great salutary influence after all is in many cases occasioned by the confidence reposed by the practitioner in his "febrifuge mixture." Under this confidence he is less likely to interfere with the diseased organic actions in the officious and perturbating manner so often practised, and in this way the use of a comparatively inert compound may be followed by positive benefit.

This is not the only instance—would that it were!—of wandering from the true track, of which philosophy has to deplore the existence of so many examples in the history of medicine. Of the multitude of such cases we shall refer to but one of modern occurrence, relative to the internal use of the *secale cornutum*, or ergot of rye.

From the effects which this article is considered capable of exerting on the fibres of the parturient uterus, it was imagined that its exhibition might be beneficial in uterine hemorrhage occurring during labour: afterwards its employment was extended to uterine hemorrhage in the unimpregnated female, and many cases were published in confirmation of its being possessed of such virtues. After this it was thought that it might be serviceable in leucorrhœa, although the main seat of this affection is the lining membrane of the vagina; and lastly, as it was found serviceable in uterine hemorrhage, it was conceived that it might exhibit like powers in other hemorrhages, and accordingly it was given in epistaxis, or bleeding from the nose! and in all these affections cases were not wanting to demonstrate its valuable powers! Yet the origin of all these extensions of its employment as a therapeutical agent seems to have been the knowledge, that on the *uterine fibres of the parturient female* it was capable of exerting a decided and an energetic action! We need scarcely say, that the remedy, in the extensions specified, is now scarcely ever used, *experience*—which is too often mere *coincidence*—although as authoritatively promulgated as when Aëtius,[1] Paulus of Ægina,[2] and Amatus Lusitanus,[3] recommended *coition* as a cure for diarrhœa; or as when the viper, the snail, the earth worm, the frog's spawn, &c., were introduced into the dispensatories[4]—having shown that the connection between cause and effect was certainly not stronger than in the celebrated case mentioned by Bishop Latimer, in the last sermon which he preached before Edward VI., of an "old aged man," Master More, who deposed, that in his opinion the building of Tenterton steeple was the cause of the Goodwin sands. "For I am an old man, sir, (quod he) and I may remember the building of Tenterton steeple, and I may remember when there was no steeple at all there, and before that Tenterton steeple was in building there was no manner of speaking of any flats or sands that stopped the haven, and therefore I think that Tenterton steeple is the cause of the destroying and decaying of Sandwich haven!"

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[1] Tetrabib. 1. serm. iii. cap. 8.

[2] Lib. i. cap. 35.

[3] Lib. i. cent. 13. obs. 11.

[4] Quincy's Pharmacopœia Officinalis. Edit. 10th, 1736.

It is the duty of the correct therapeutist not to believe in the existence of any qualities in any article until they have been adequately proved. When such is the case, no reasoning can set aside facts; but unless the evidence is overwhelming it is equally his duty to remain in doubt, should reflection suggest to him strong grounds for believing that the number of observations has been insufficient, that they have not been properly made, or are irrational.

Art. II.—MEDICAL TOPOGRAPHY—No. 3.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 203.)

From what we have said in our first number on the Medical Topography of the southwestern portion of the United States, it may be rightly judged that most of the *endemical* affections that prevail there owe their origin to *malaria*, (given out from the fruitful sources we have described,) sudden alternations of temperature, and undue moisture of the atmosphere. Frequently a combination of all these unites to produce anomalous forms of disease; but generally the type indicating malaria as their remote cause is present.

Remittent Fever.

The remittent fever first claims our attention, from its common prevalence in the southwest, and from the circumstance of the great mortality that attends it. This fever sometimes occurs in May, June, and July, and in these months is generally of a mild character; but in August it is a much more dangerous affection, and in September and October acquires its greatest violence—assuming, frequently, then a congestive form. This disease begins to decline in the latter part of October; and although a few cases are met with after frosty weather has set in, it is uncommon to see any in the winter months—although I have treated several in December at Fort Gibson.

Almost all the cases of remittent fever that I have met with in the Arkansas country were attended with more or less disorder of the mucous lining of the stomach and bowels—particularly of the larger intestines: colic pains and dysenteric discharges were common. In the cases met with in the months of spring and two first of summer, mucous, sero-mucous, and sanguineo-mucous stools were usual attendants of the disease—the first like coagulated albumen, the second watery and flocculent, the last like unto blackberry jam or dark currant jelly—sometimes, when blood was absent and bile commingled with the fæcal matters, the soft trembling mass resembled much guava jelly. As the seasons progress, the affection becomes manifestly more bilious: the countenance and conjunctiva assume an icterode hue, often followed by a general suffusion of bile under the whole skin. The pulse in the milder form of fever is, in most cases, *quick* and *frequent*—seldom full and tense; whilst in the other or bilious form, it is sometimes tense, always quick and frequent, and *but seldom full and round.* In the congestive variety it becomes *contracted*, and in many cases can scarcely be felt even in the larger arterial trunks.

The milder form of fever is generally the forerunner of a spell of "ague and fever"—usually terminating in a quotidian or tertian. It commences with a general sense of ill feeling (*mal-aise*) attended with pains in the bowels, disposing to frequent stools of the character already noticed—followed by chilliness, but not often by distinct rigors or much gastric derangement. Heat comes on, with dry skin, flushed face, slight headache, quick respiration, moist *white* tongue, and thirst; and continues at short intervals, unless interrupted by the intervention of art, for two or three days, and ends in distinct "chills and fevers."

The *bilious* form usually begins with creeping chills over the body; aching pains in the long bones and lumbar spine; insomnolency; great sense of weariness; gastric distress with vomiting; sense of oppression in breathing, followed by hot skin and unquenchable thirst, tongue coated with a thick yellowish white fur which becomes dry and brown as the fever progresses,[1] dull pain in the head with confusion of ideas; *soreness in the eyeballs;* scanty reddish urine; and slight clayish inodorous stools, which, if the disease progresses without interruption, become, at the end of a few days, like those voided in the last stages of fatal dysentery, mostly of a reddish serous fluid, possessing such acrid qualities as to excoriate the skin around the anus.

The *congestive* type is mostly an unfavourable turn in the symptoms of the bilious form, produced by sudden depletion, the rapid exhaustion of the vital forces by the action of the poison *circulating in the blood*, or by sudden mental emotion. Yet, often the disease is congestive from the commencement—ushered in by severe rigours, that follow each other in quick succession; cramps of the legs; head feels tight and hot; an insupportable oppression at the præcordia; constant retching, with inability to vomit; sunken eyes, letting drop the "unconscious tear;" livid lips; anxious or fallen countenance; short respiration, with whispering voice; cold extremities, with bluish nails; and clammy exudation about the face and neck. When the congestive form takes the place of the bilious, the change is very sudden and alarming. The patient left with a hot skin, quick and frequent pulse and free respiration, is often in an hour afterwards cold and pulseless, and gasping for breath. This form is much more dangerous when it occurs as a change than when it ushers in an attack; in the one it is occasioned by the exhaustion, in the other by the mere depression of the powers of life.

Treatment.—It will be observed that the remitting fever endemic to the Arkansas country differs essentially in character from that which prevails in the middle or northern states. The absence of activity in the pulse, and the constipation of the bowels, so universally present in the remitting fever of more temperate latitudes, does not alone distinguish it. The dysenteric condition of the bowels, so common in the fevers of the southwest, and so seldom met with in more temperate climes, may be owing to the influence of atmospheric vicissitudes conjoined with that of marsh effluvia.

The milder form of this disease yields readily to low diet, gentle purgation, diluent drinks, cold applications to the head, pediluvia and maniluvia, and cataplasmata to the abdomen. A pill of calomel, ipecacuanha, and opium,[2] given and followed in four hours by another of the same kind, and six hours afterwards by an ounce of castor oil, would generally excite the secretion of bile, bring on copious feculent stools, determine to the skin, and would, with plentiful draughts of slippery elm or flaxseed mucilage, put an end to the disorder. Should any derangement of the bowels continue after the operation of the purge, it was usual to give half a grain each of opium and ipecacuanha in pill, or five grains of Dover's powder, every three hours, and order mucilaginous drinks to be taken freely, with occasional emollient injections and the continued application of warm poultices, or cloths frequently wrung out of warm water, to the abdomen, and bathing the feet and hands often in warm brine. The *lancet* was seldom had resort to, on account of the tendency of general bleeding, in that climate, to induce prostration or protract recovery in diseases not clearly inflammatory. Scarifications, and the application of cups on the nape of the neck and temples proved beneficial where there was much cephalalgia; as did also topical depletion from the abdominal surface when much pain was present in the bowels. Did the bilious secretion, after becoming once re-established, cease, and the stools again become mucous-like, or mucous intermixed with blood or serum, a grain or two of calomel with one of ipecacuanha, and half a grain of opium, were given in pill every two hours to the number of six, and, three hours after, half an ounce of castor oil, which scarcely ever failed to fulfil the object of their exhibition, a restoration of the hepatic and cuticular secretions. If the attack terminated in *intermittent* affection, and there was nothing to contra-indicate its use, *quinine* in pill of two grains every two hours was directed, and the time so arranged that one of these periods should fall on an hour preceding the expected paroxysm, when from six to twelve grains, according to the case, were taken, with the invariable effect of breaking up the *periodicity* of the disorder. The same continued till the terms of three paroxysms had been passed over; and then a grain every four hours for a week completed the treatment.

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[1] Frequently becomes black in the congestive form—hence its name of "*black tongue fever*," by which it is known among the inhabitants.

[2] ℞ Proto-chlor. hydrarg. gr. x.
Ipecac. gr. ii.
Opii gr. i.
mel. q. s.
ut ft. massa. Divide in pilulas ij.

General blood-letting, or free and repeated purgation, even with the milder purgatives, was sure to be followed by a *typhoid* condition of the system; and where "*aloes*, *colocynth*, *gamboge*, *rhubarb*, and *scammony*," were used extensively, as directed by one of the "*lights*" of our profession, fatal results were sure to follow.

In the *bilious* form the treatment was somewhat different. If the patient were seen in the formative stage, before the fever had become fully developed, an *emetic* of ipecacuanha, followed by copious draughts of chamomile, or common tea, or tepid water, was always succeeded by speedy and gentle reaction, with a manifest shortening of the paroxysm. Emetics, exhibited after the full developement of the fever, contributed to aggravate the gastric distress, and proved rather injurious than beneficial. Tartarised antimony had no place as an emetic in our treatment of bilious fever: ipecacuanha has always effected our object, without occasioning gastro-intestinal inflammation, so apt to be excited in this affection by the emetic tartar. After the full operation of the emetic, and the stomach had become calm (which could generally be rendered so by rinsing the mouth with cold water, and swallowing small draughts of the same, or by rolling ice about in the mouth and swallowing morsels of it) five grains of calomel with half a grain of opium and one of ipecacuanha in pill were given—followed, in four hours, by another, and from four to six hours after by an ounce of castor oil, or Epsom salts, or a dram of calcined magnesia. The *calomel*, given in this way, and followed by one of the milder purgatives, would excite the liver, and bring on copious bilious evacuations, that were readily maintained by an occasional half ounce of castor oil, a seidlitz powder, or a dose of effervescent magnesia, conjoined with enemata of infusion of flax-seed or slippery elm. The cephalalgia would, in the majority of cases, disappear so soon as the biliary organs resumed their natural functions. If it were violent, cupping the temples and nape of the neck would give relief; if it persisted, cold water was poured over the head, or cloths wrung out of the same were constantly kept to it, or *ice* enclosed in a bladder, oiled silk, or in a towel, kept trailing over it. The feet and legs to the knees, and hands and fore-arms, were plunged in hot mustard baths, with the effect to cause a dilatation of the vessels of the extremities, enabling them to receive a larger portion of blood than natural, which being abstracted from the brain and other organs essential to life disposed these to resume their healthy functions, whilst from the application of cold, the vessels of the head were constricted, and disabled from receiving even their usual allowance. Sometimes, a small *revulsive* bleeding would have this effect, especially if performed in a vein of the foot.

In some cases, violent cephalalgia, oppressed breathing, and hot skin, have given way under a venesection from a branch of the larger saphena on the back of the foot: ere six or eight ounces of blood had been drawn the pain in the head would cease, respiration become easy, and a general perspiration would break out, which was encouraged by diaphoretic drinks, such as elder blossom tea acidulated with lime juice, tartaric acid or vinegar, tamarind, or cream of tartar water or lemonade. No difficulty was experienced in calming the gastric irritability, and consequent thirst, so common and distressing in this affection. This was readily effected and in a manner grateful to the patient. He was enjoined to rinse his mouth frequently with cold water; take small draughts of cold slippery elm mucilage, slightly acidulated with lime-juice; or, when *ice* could be procured, roll small lumps constantly in the mouth and swallow some occasionally, or drink small frequent draughts of iced water or lemonade. In some cases where the retching proved painful, the epigastrium was scarified and cups applied, followed by warm cataplasms or cloths wrung out of warm water. These simple means would most frequently produce surprisingly good effects, and greatly aid the free operation of the purgatives given. Indeed we frequently directed those measures when no tormina or fulness in the abdomen was experienced. Throughout the affection, and particularly during the operation of the purgatives, (especially of calomel,) it was always enjoined to partake liberally of cool mucilaginous drinks, of which the bark of the slippery elm (*ulmus fulva*), infused in water, afforded the most palatable and salutary.

In a very large majority of the cases of bilious remittent fever treated by us in the Arkansas country, and our practice in this affection has been very extensive, we have not had occasion to give over *ten* grains of calomel in the whole treatment of a case. In some cases, where the secretion of bile ceased to be maintained, we would order another pill of calomel, opium, and ipecacuanha, with an after dose of oil and simple enemata, which would effect our object. Sometimes for the pill of calomel we would substitute two of blue mass, extract of colocynth, of dandelion, and rhubarb,[1] given two hours from each other, and succeeded in four or five hours by a dose of castor oil and a simple injection. If a dysenteric state of the bowels, so often present in this disease as it prevails in the southwest, continued after the functions of the liver were restored, and *bile* still appeared in the stools, pills of half a grain each of opium and ipecacuanha, given every three hours, with plentiful drinks of slippery elm tea, would determine to the surface and relieve the bowels. In some cases where a *typhoid* disposition was manifested, we united two grains of calomel to these small pills of opium and ipecacuanha, and gave one every two hours until a slight mercurial effect on the breath or on the tongue and gums was produced, which would be followed by speedy convalescence.

In the practice in the bilious remittent fever of the southwest, *calomel*, in the hands of many practitioners, is pushed to an immoderate extent. I have known it in Arkansas to be measured out by the "*teaspoonful.*" It is very common for some physicians there to give uncombined doses of a scruple every three hours for the first day or two, sometimes combining it with jalap. These practitioners, unacquainted with the pathology of the disease, are much surprised at its fatality; not reflecting for a moment that their profuse bleedings and inordinate purgation, occasion the "*parched brown beefsteak tongue*," petechial state of the skin, hiccough, jerking of the tendons, coldness of the surface, colliquative hemorrhages from the nose and gums, and discharges from the bowels—attributing to the effects of disease what are the results of murderous practice.

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[1] R. Mass. ex hydrarg. gr. x.
Ext. taraxaci ℈ i.
— colocynth. et
Rad. rhei aa gr. x.
M. et. ft. massa. Divide in pilulas vi.

I have treated a great number of cases of remittent fever in the Arkansas country—some of the most malignant character—without losing an individual. It is with honest pride I state it; but only that humanity may be the gainer, by others going and doing likewise.

The *diet* throughout an attack of bilious remittent fever was of the lightest kind—a little rice or barley water, crackers, gruel, panada (without wine), arrow root, starch, sago, or tapioca, were all that was allowed. When convalescence commenced, the return to food was gradual; as the least impropriety in diet or drink would, for weeks after an attack, bring on pain in the bowels, followed by dysenteric discharges. At first, a little chicken broth, beef tea, or mutton bouillon—a little bursted rice with the addition of a small quantity of butter and sugar, soft boiled or poached eggs, a piece of broiled bird, fowl, or fresh fish, custards, and tea and soft toast—were very proper articles of diet in convalescence from this fever. It was found necessary in many cases to continue the use of mucilaginous drinks for weeks after an attack. The tongue became clean under their use, and the state of the bowels improved.

The *congestive* form. When this fever assumed the congestive type at the beginning, a large *emetic* (ʒi à ii) of ipecacuanha, with a broad sinapism to the epigastrium, and bathing the extremities in a hot mustard bath, would frequently bring on speedy reaction without the aid of other means. In some cases, however, it was necessary to exhibit the emetic in a wine glass of brandy, or give the wine of ipecacuanha in a very large dose; and in others, besides, frictions with warm stimulating embrocations—warm bricks or bottles of warm water to the arm pits, between the thighs, and to the soles of the feet, were necessary to restore action in the circulatory and respiratory organs. So soon as the fever (hot stage) became established, and the stomach calmed by the means resorted to in the treatment of ordinary bilious fever, the same plan to arouse the secreting and secerning organs and to equalise the circulation, as directed in that form, was pursued, with usually the same good results. The patient, throughout an attack of fever, commencing in the manner described, has to be closely watched, for at certain times, particularly towards evening, he is apt to sink down, and if not shortly relieved, passes into irrecoverable collapse. In some cases I have had to apply revulsive and stimulating means several times before this disposition to congestion would be overcome. When, in the ordinary bilious remittent, the patient manifested a disposition to pass into a congestive state, I have immediately exhibited a vinous emetic, and applied a large sinapism to the epigastrium—giving, after the operation of the emetic, mulled wine, or brandy, or rum punch, by the tablespoonful, every few minutes till the patient improved. In cases where congestions had become established, I was under the necessity of applying a sinapism extending the breadth of the chest and abdomen—from the clavicles to the pubes—sinapisms to the wrists and ancles, and of giving undiluted brandy, a wineglassful at first, followed by occasional table-spoonfuls. Blisters to the ankles and wrists and sometimes to the epigastrium, after the removal of the sinapisms, had to be used in some cases to keep up an irritation in parts remote from the organs essential to life, now threatened with suffocating engorgement—to invite an afflux of humours, by this means to equalise the circulation of blood[1] and prevent its irregular distribution. Where the disposition to congestions appeared *periodical*, and the patient had voided bilious stools from the operation of purges given, *quinine* was prescribed in solution, two grains every second hour, and an hour before the expected time of depression from six grains to a scruple dose with the effect to prevent it.

I shall speak of the treatment of those paroxysms of intermittent fever, cephalalgia and anomalous pains, that follow in the wake of bilious and congestive remittent fevers, when I come to treat of "intermittent fever" as it prevails in the southwest, which will be the subject of our next number.

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[1] Upon the principle I conceive already established—" *Ubi irritatio: ibi fluxus.*"

Art. III.—ON THE ALBINO.

The term *Albino* is said to be given by the East Indians to a species of beetle (*Blatta*), especially the *blatta gigantea* of the Indian forests,[1] whence it has been transferred to the peculiarity in the human race to which we are desirous of attracting attention. The greater part of these beetles shun the light, and hence perhaps the transference of the term Albino, as well as of that of Kakkerlaken or cockroaches, which has been applied to the human Albino, by the Dutch.[2] They have likewise been termed, by different anthropologists, *Blafards*, *Dondos*, *White Negros*, *Leucæthiopes*, *Leucotici*,[3] *&c.* The peculiarity consists essentially in absence of the colouring matter of the eyes, skin, and hair.

This singular state is not confined to man. It is met with also in many animals. The white rabbit, the white mouse, the white elephant—deified amongst the Burmese, &c.—are examples of it.

It has been a weighty stumbling-block to account for this defect of colouring matter. It is clearly a case of monstrosity—as it may be properly termed—by defect, and admits as little of satisfactory explanation as many of them. The idea of the Albino forming a separate and distinct variety or race of the human family, as was at one time almost universally believed, is now justly exploded, and the state of *Albinoism* is properly classed amongst other defective formations.[4] Yet we find writers on the races of mankind[5] still conceiving it necessary to speak of the Albino, and of the Cretin, although they might with as much propriety treat of the hare-lip, cleft palate, &c. This fact is strikingly shown in the following notes of a case of Albinoism, communicated by Dr. Mercy, of Cape May, to our friend, Prof. Geo. McClellan, and by him to us. The parents, it will be observed, were healthy, and possessing all the characters of their race; whilst two of the children—and two only—had the characteristics of the Albino; the others being properly formed.

Some cause, during intra-uterine existence, interferes with the organs whose office it is to deposite the colouring matter, but as to what that cause is, and its *modus agendi*, we are entirely in the dark.

"Peter Humphrey, aged thirty-three years, and Kezia Coachman, aged twenty-nine, brought up in the lower township of Cape May county: they have been married nine years, and had a healthy black male child about seventeen months after marriage, which lived a week. About one year after this, she had a miscarriage, at eight months, of a coloured male child. No cause for the accident recollected by her.

"One year and three months afterwards, she was delivered of an Albino or white girl, now two years old (in April last), and of a second white girl two years after, now three years old (in last June). During the pregnancy with the first white child, in the first month, she was driving two or three coloured women to a funeral in a wagon drawn by a white mare; the mare fell down over a stump, which accident frightened the mother and made her feel faint. During her pregnancy of the second white child, she was very fearful that the same accidental marks might occur, as the first was sickly, and subject to fits, which came on it at the end of the first year, and in a year had disappeared."

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[1] Encyclopædia Americana, I. 136. Philadelphia, 1829.

[2] Art. Kackerlach in Pierer's Anat-physiol. Real Wörterb. B iv. s. 352. Leipz. 1821.

[3] Rudolphi, in Encyclop. Wörterb. der Medicinisch. Wissenschaft. B. ii., s. 17. Berlin, 1828.

[4] Histoire Générale et Particulière des Anomalies de l'Organisation chez l'Homme et les Animaux, &c., par M. Isidore Geoffroy Saint Hilaire, Paris, 1832.

[5] Broc's Essai sur les Races Humaines, noticed in a late number of this journal. (July 15, 1837, p. 150.)

The two white children possess all the characters which are known to belong to the Albino. The hair, a specimen of which has been sent to us, is cream coloured and silky, but evidently that of the young negro.

Art. IV.—GRADUAL APPROACH OF PARAPLEGIA, AND A SUGGESTED REMEDY FOR HYDROPHOBIA.

RY JAMES MEASE, M. D.

In the second volume of the "Philadelphia Medical Journal" (1821), I inserted the particulars of four cases of the gradual loss of muscular power, two of which had ended in paralysis and death, at the date of my paper. The two last had not finished their course at that time, but the disease continued to progress until they also terminated in the same way. The next year I was consulted by the late Horatio Gates Spafford, of Troy, N. York, for a similar complaint, which, according to his statement, first appeared in 1816, in his right leg, but partially in both, and in 1821 he did not attempt to walk across his room without the aid of a staff. He complained more of an uneasy sensation than absolute pain, and added, "that since his lameness his general health was even better than it ever had been before." The disease commenced with a numbness and a pricky drowsy feeling of the second toe of the right foot from which it gradually extended upward to the hip, and when he wrote, his left leg was affected in a similar manner, but in a less degree. Mr. Spafford died of the Asiatic cholera in the year 1822.

In Dr. Tomkin's case,[1] the numbness was first felt in his heel, and soon extended to the knee. He became clumsy and staggering in his walk, lost the power of expelling as well as restraining his fæces, and was obliged to use a catheter. He however continued to hobble about until September, when all motion, and nearly all sensation, was lost below the lower part of the sternum.

The mere publication of cases of disease can produce but little benefit to mankind, unless pathological views accompany them. On this principle I ventured to suggest, in the conclusion of my paper in the "Philadelphia Medical Journal," that the original seat of the distressing affection under consideration was the origin of the nerves leading to the part of the lower extremity in which the weakness of voluntary power, or the morbid affection, is first evinced,[2] and suggested the propriety of applying the remedies to the primary source of it. I also recommended as an appropriate remedy, the application of caustic alkali to inflame the surface over the course of the spine, in the manner first used, and with success, by Dr. Hartshorne, of Philadelphia,[3] for tetanus, and subsequently by Dr. Lewis, of Pittsburg, by

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[1] Boston Medical and Surgical Journal, June 21, 1837.

[2] Dr. Parry, of Bath, in England, ascribes paraplegia sciatica, and tic douloureux, to increased impulse of blood on the spinal cord, and to undue vascularity of the sheath investing the sciatic nerve at its origin. The pain or numbness in both these cases is felt in the limbs, though the seat of the disease is higher up—on the same principle that we feel a tingling pain and numbness in the little finger from a blow on the ulnar nerve at the elbow.—*Elements of Physiology and Therapeutics.*

[3] "Tie a piece of sponge to a fork or small stick, and after dipping it in a solution of the caustic in water (in the proportion of a dram to the ounce), apply it along the spine

Dr. Worthington of Georgetown, District of Columbia, and by Dr. Thomas of Easton, Maryland,[1] and recommended by myself in hydrophobia.[2] Since the publication of my paper, three thousand medical men at least have taken their stand in society, and as few of these, or of others who were in practice when it appeared, and now take the "Library," may have read it, I will probably render both classes a service by drawing their attention to a complaint which has heretofore been found so intractable as that under consideration. Knowing the nature of it, its slow, insidious, but steady progress, the medical attendant will see the importance of a prompt application of aid. I beg leave to request the medical faculty to consider the propriety of attempting its cure by inflaming the surface in the course of the spine, and if that remedy should not succeed, I would try a caustic each side of the fourth and fifth lumbar vertebræ.[3] The wonderful success that has attended this remedy in paralysis of the lower extremities, from diseased spine, and for which we are indebted to Mr. Pott, of London, induces the belief that it will be equally beneficial in the unaccountable morbid affection of the sciatic nerve.

It would test this theory, and might lead to a successful mode of treatment, if medical men would make it a point to examine the spinal cords of persons dying of this peculiar species of paralysis.

I again beg leave to request the medical faculty also to consider the propriety of inflaming the surface in the course of the spine in hydrophobia. The disease still remains one of the opprobria medicorum, notwithstanding the number, the very great number, of books and papers which have been written upon it, and is therefore open to any reasonable course of practice.[4] The pathological relations prevailing between this last malady and tetanus, which I have long since fully pointed out, give well grounded assurance that a treatment found so often to succeed in one, may be equally fortunate in the other. No one who peruses Dr. Reid's work on tetanus, and more especially reads the details of the morbid appearances recorded in Curling's late prize essay on it, can doubt of the various morbid affections of the spinal cord in that disease; nor will there be a moment's hesitation in assenting to the influence which is ascribed to this state of it in the production of numerous other diseases, (with difficulty assignable to any certain cause,) after the several treatises on spinal irritation have been carefully perused. I beg leave most urgently to refer those who are not familiar with the subject to

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once or twice;"—I add, rapidly,—(See Philada. Eclectic Repository, April, 1819; and Dr. Lewis and Worthington's cases, in Med. Recorder of Philada. vol. iii. pp. 55, 170.)

Dr. Hartshorne recently informed me that he has had many proofs of the success of his remedy since the first trial of it, but that it had sometimes failed. It nevertheless deserves the confidence of physicians. I know of no internal medicine or external application, which is entitled to the character of a specific. If it fail, the shower-bath and powerful frictions ought to be tried.

[1] Eclect. Repert., vol. vii., p. 245.

[2] Med. Recorder, vol. ii., 297.

[3] As the mode of applying a caustic is not taught by learned professors in their lectures, it may happen that the following directions will be found useful. Take a stout piece of sheepskin or thin calfskin, two inches and a half square, cut a circular hole therein the size of a dollar, cover one side of it with adhesive plaster and apply it to the part; then rub strong caustic potash on the skin within the circle for four minutes, in which time its vitality will be destroyed; wash off the caustic with a sponge or soft cloth, and apply a poultice of flax-seed powder and warm water, or bread and milk, to promote the separation of the dead skin and the formation of the eschar. It may be prevented from healing by the use of an ointment of savin, or by weak cantharides ointment.

[4] Ploucquet gives a catalogue of eleven and a half quarto columns (three on a page) of the titles of works and dissertations on this disease, besides numerous references to papers in transactions of societies. He adds twenty-six columns, containing the appearances on dissection—list of remedies and their modes of application or use, and the means of preventing the disease.—*Literatura Medica Digesta, Tubingen*, 1808.

the authors whose names I have annexed.[1] The results of the trial of every new remedy ought invariably to be given to the public, that it may be followed if successful, and avoided if found inefficient. Next to a good pilot who safely brings a ship into port, he deserves the thanks of navigators who points out the dangers of an unknown coast, or how to avoid those which have proved fatal to others.

Philadelphia, August 25, 1837.

ART. V.—CASE IN WHICH SEVEN HALF CROWNS WERE SWALLOWED.

Mr. H. Wakefield[2] has related the case of a man who, on being sentenced to three years' imprisonment, swallowed seven half crowns, under the fear that they would be taken from him. No evil consequences resulted, and the affair was forgotten, when, upwards of twenty months afterwards, he fell under the care of Mr. Wakefield complaining of slight pain and tenderness of the abdomen, and after taking some ordinary medicine, the whole seven pieces were discharged.

This case adds another to the many on record of but slight disturbance being at times produced by the existence of extraneous bodies in the intestinal tube.

ART. VI.—ON THE COMPARATIVE ADVANTAGES OF THE DIFFERENT OPERATIONS FOR CATARACT.

BY J. A. ROBERTSON, M. D., SURGEON TO THE EYE DISPENSARY, EDINBURGH.[3]

We hope soon to publish, in the "Library" department, the translation of a memoir by M. Maunoir, of Geneva, on the application of the numerical method to cataract. In the mean time we cite an abstract of the relative success of the different modes of operating, as given by Mr. Robertson from his opportunities of observation. He enquires into the advantages and disadvantages of—1. *Division*, or breaking down the lens in situ. 2. *Extraction.* 3. *Displacement*, including *depression* and *reclination;*—in the former operation, the lens being pushed perpendicularly downwards; in the latter, the lens being imbedded in the vitreous humour with its anterior surface turned upwards and its upper edge backwards.

Of 1307 operations by *extraction*, there were 397 failures, or 30 per cent. nearly. Of 5729 operations by *displacement*, there were 1004 failures, or 17 per cent. nearly. In the last is included a great number of operations by

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[1] Abercrombie on Diseases of the Spinal Marrow, in Edinb. Med. and Surg. Journal, vol. liii., and Philadelphia Medical Recorder, vol. ii.; and the authors he quotes,—Reid on Tetanus; Parry's Elements of Pathology and Therapeutics; Griffin on Functional Affection of the Spinal Cord, Lond. 1834; Hood on the Cure of Nervous Diseases by External Application to the Spine, 2d edit., Lond. 1829: Teale on Nervous Diseases, Lond. 1829; Tate on Hysteria, Lond. 1830; Marshall on Disease occasioned by Spinal Irritation, Lond. 1830; On Spinal Irritation connected with Nervous Diseases, Philadelphia, 1832, by Isaac Parrish, M. D.; Curling's Prize Essay on Tetanus, Lond. 1836; Travers on Constitutional Irritation, 2 parts.

[2] London Medical Gazette, for May 20th, 1837.

[3] Edinburgh Medical and Surgical Journal, for April, 1837; and British and Foreign Medical Review, for July, 1837. p. 257.

depression as well as by *reclination*; and Dr. Robertson remarks, that inasmuch as the latter operation is preferable to the former, the results ought to have been much more favourable had all the cases been operated on by reclination. The results above given are collected from the writings of others. Dr. Robertson subjoins a statement of 179 cases of hard cataract, without any complication, operated on by himself. The results were as follow:—

	Cases.	Cured.	Relieved.	Failed.
Extraction . . .	64	32	14	18
Reclination . . .	115	94	10	11

being a proportion of failures by extraction of 28 per cent. nearly, and by reclination of only 9 per cent. nearly.

Art. VII.—SIR FRANCIS SMITH ON THE USE OF CREOSOTE.

The present number of the "Library" contains the physical and medical history of creosote in monographic form. Sir F. Smith, of Dublin,[1] has recently published the results of his experience with the creosote in some external affections. He has used it successfully in cancrum oris, and is almost inclined to consider it a specific in tinea capitis; but the only details which he gives are of three cases of ulcer, in which its use as a lotion (undiluted) was evidently most beneficial. The first case was one of primary, foul, and obstinate chancre; the second of fistula in ano; the third of obstinate ulceration of the mucous membrane of the nose. After the creosote was had recourse to, the cure in all the cases was rapid.

BIBLIOGRAPHICAL NOTICES.

Montgomery on the Signs of Pregnancy, &c.[2]

The origin of this interesting and valuable work was the article on the "Signs of Pregnancy and Delivery," written by the author for the "Cyclopædia of Practical Medicine." This was so favourably received as to induce Dr. Montgomery to re-write it, and to add such fresh matter as his observation and farther experience enabled him to accumulate, "conjoined with such information from other sources as appeared consonant to truth, and likely to be useful in practice."—Preface, p. vi.

Both this paper and those on the duration and on the signs of pregnancy contain much important information. To these is added a brief memoir on spontaneous amputation of the fœtal limbs, on which subject Dr. Montgomery published a short paper in the year 1832, in the "Dublin Journal of Medical Science."[2] Observation had shown him that such cases were induced by accidental ligatures of the limbs, the cause of which remains enveloped in obscurity.

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[1] Dublin Journal of Medical Science, No. 32, for May, 1837, p. 236.

[2] An Exposition of the Signs and Symptoms of Pregnancy, the Period of Human Gestation, and the Signs of Delivery. By W. F. Montgomery, A. M., M. D., M. R. I. A., Vice President and Professor of Midwifery in the King and Queen's College of Physicians in Ireland. 8vo. pp. 344. London, 1837.

[3] Vol. i., p. 140.

The work is elucidated by various lithographic representations of the areola around the nipple at different periods of pregnancy, and of corpora lutea, &c., besides xylographic illustrations of various subjects treated of in the text.

Stokes on Diseases of the Chest.[1]

The admirable lectures on the "Theory and Practice of Physic," published in the early numbers of the "Library," as well as the general character of the various contributions to medical science made by Dr. Stokes, cannot but induce favourable anticipations regarding the work before us, of which the republication is commenced in the present number of the "Library." Nor will those anticipations be disappointed. It treats in different sections of the General Principles of the Diagnosis of Thoracic Disease; Diseases of the Mucous Membrane; Diseases of the Larynx and Trachea; Pneumonia; Gangrene of the Lung; Perforating Abscess of the Lung; Cancer of the Lung; and Diseases of the Pleura.

Whitridge's Address to the Graduates of the Medical College of South Carolina.[2]

An appropriate address from one apparently in every respect well fitted for improving the occasion. It is devoted mainly to two topics. *First*, to a consideration of the relation in which the young graduate stands to society in a scientific and professional point of view; and *secondly*, the relation in which he stands to society in a moral and religious point of view.

Fletcher's Physiology, Part III.[3]

On a former occasion,[4] we noticed the two first parts of the "Rudiments of Physiology," of the late Dr. Fletcher in terms they merited. This posthumous part, edited by Dr. Lewins, consists of ten chapters. 1. On the Phenomena of Sensation; 2. On the Nature of Sensation; 3. On the Immediate Seat of Sensation; 4. Stimuli to Sensibility; 5. On the Increase and Diminution of Sensation; 6. On the Phenomena of Thought; 7. On the Nature of Thought; 8. On the Immediate Seat of Thought; 9. On Sensation regarded as the Stimulus to Mind; and 10. On the Increase and Diminution of Thought; followed by a paper on Sleep.

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[1] A Treatise on Diagnosis and Treatment of Diseases of the Chest. Part I. Diseases of the Lung and Windpipe. By William Stokes, M. D., M. R. I. A., Corresponding Member of the Medico-Chirurgical Societies of Berlin and Leipzig, Honorary Member of the Hunterian Society of Edinburgh, Physician to the Meath Hospital, and County of Dublin Infirmary, &c. 8vo. pp. 557. Dublin, 1837.

[2] An Address to the Candidates for the Degree of Doctor of Medicine, delivered at the annual commencement of the Medical College of South Carolina, March 15th, 1837. By J. B. Whitridge, A. M., M. D., President of the Medical Society and Ex-Officio of the Medical College of South Carolina. Abridged and first published in the Southern Literary Journal and Monthly Review; 8vo. pp. 23. Charleston, 1837.

[3] Rudiments of Physiology, in three parts. Part I. On Organism. Part II. On Life as manifested in Irritation. Part III. On Life as manifested in Sensation and in Thought. By the late John Fletcher, M. D., F. R. C. S. E., Lecturer on Physiology and on Medical Jurisprudence. Part III. Edited by Robert Lewins, M. D., F. R. C. P. E., with a biographical memoir of the author. 8vo, pp. 144. Edinburgh, 1837.

[4] Intelligencer, No. 4, for May 15, 1837, p. 75.

Diminished Secretion of Urine.—In a late number of this journal[1] we alluded to a remark by Professor Adelon, that the secretion of urine cannot be arrested for three days without death resulting, and adduced a case by Dr. Döring, of Ems, in which death did not supervene for twelve days. We have, at this time, under our care a young gentleman, labouring under melancholia, characterised by all that resistance to ordinary influences which belongs to that form of insanity, in whom the urine, we were informed, had certainly not been discharged for ten days, yet the quantity ultimately voided was by no means large, so that the daily secretion must have been greatly diminished if not arrested.

Tobacco in Tetanus.—M. Cavenue, of Martinique, where tetanus is very frequent, has often had recourse to tobacco enemata with much success.[2] Two of the cases referred to by him are of traumatic tetanus; besides one following suddenly on the use of the cold bath during profuse perspiration, and another subsequent to the bite of a serpent, which is almost always fatal.

The infusum tabaci of the pharmacopœia of the United States, which contains one dram of the plant to a pint of water, is a good form, and of proper strength in the generality of cases.

Louisville Medical School.—The professors to this new institution have been appointed. They are,—1. Jedediah Cobb, M. D., (previously of the Medical College of Ohio) Professor of Anatomy; 2. Joshua B. Flint, M.D., (late of Boston) Professor of Surgery; 3. Charles Caldwell, M. D., (previously of the Transylvania University) Professor of the Institutes of Medicine and Clinical Practice; 4. John E. Cooke, M. D., (lately of the Transylvania University) Professor of the Theory and Practice of Physic; 5. Lunsford P. Yandell, M.D., (lately of the Transylvania University) Professor of the Materia Medica; 6. Henry Miller, M. D., Professor of Obstetrics and Diseases of Women and Children; 7. John Locke, M. D., (of the Medical College, Ohio) Professor of Chemistry and Pharmacy.

Dr. Locke is at this time in Europe. The trustees appointed him, believing from the assurances of his friends that he would accept. Should he decline, chemistry will be taught during the ensuing winter by Dr. Yandell.

Washington Medical College, Baltimore.—It is announced in the daily prints that Dr. Dunbar, of Baltimore, has been appointed Professor of Surgery in the Washington Medical College. Dr. D. is a gentleman of talents; full of zeal for the advancement of his profession, and we doubt not will well fulfil the duties which he has undertaken.

University of Maryland.—The medical corps of this institution has been made complete by the appointment of Dr. John Frederick May, of Washington city, to the chair of Principles and Practice of Surgery. We have no personal acquaintance with Dr. May. He is favourably spoken of.

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[1] Intelligencer, for August 15, 1837. p. 194.

[2] Bulletin de l'Académie Royale de Médecine, No. V., 1836; and British and Foreign Medical Review, No. VII., for July, 1837. p. 223.

BOOKS RECEIVED.

We have to express our warm acknowledgments to our distinguished friend, Dr. Forbes, of the "British and Foreign Medical Review," for several recent works, which we shall notice from time to time, and amongst them the following periodicals of recent date:—

Medicinische Zeitung von den verein für Heilkunde in Preussen.

Wochenschrift für die gesammte Heilkunde von Casper; Journal der practischen Heilkunde, von Hufeland und Osann; Journal für Chirurgie und Augenheilkunde, von Gräfe und Walther; Rust's Magazin für die gesammte Heilkunde; Neue Zeitschrift für Geburtskunde, von Busch, d'Outrepont, und Ritgen; Medicinische Jahrbücher des Kaiserl. Königl. Osterreichischen Staates, von A. J. F. von Stifft und J. N. E. Von Raimann; Antologia Medica di V. L. Brera, and Annali Universali di Medicina di Annibale Omodei.

From Professor Charles Davis, M. D., of Georgia.—An Address to the Candidates for the Degree of Doctor of Medicine, delivered at the annual commencement of the Medical College of South Carolina, March 15th, 1837. By J. B. Whitridge, A. M., M. D., President of the Medical Society and Ex-Officio of the Medical College of South Carolina. Abridged, and first published in the Southern Literary Journal and Monthly Review. 8vo, pp. 23. Charleston, 1837.

From Professor J. B. Beck, of New York.—State of the New York Hospital, and Bloomingdale Asylum, for the year 1836. 8vo, pp. 12. New York, 1837.

From Dr. Forbes.—A Lecture on Life and Organisation read before the Chichester Literary and Philosophical Society, November 8th, 1831. By John Forbes, M. D., F. R. S. 12mo, pp. 25. Chichester, 1836. (Not published.)

From the same.—A Lecture on the Comparative Physiology of Plants and Animals. Read before the Chichester Literary and Philosophical Society. By John Forbes, M. D., F. R. S., (from the Chichester Magazine.) 8vo. pp. 43. Chichester, 1837.

From the same.—Darstellung und Anischten zur Vergleichung der Medicin in Frankreich, England, und Deutschland, nach einer Reise in diesen Ländern im Jahre 1835. Von Dr. Adolph Mühry, practischem Arzte und Wundarzte in Hannover. Mit zwei Plänen. 12.mo, s. 283. Hannover, 1836.

A Treatise on the Diagnosis and Treatment of Diseases of the Chest. Part I. Diseases of the Lung and Windpipe. By William Stokes, M. D., M. R. I. A., Corresponding Member of the Medico-chirurgical Societies of Berlin and Leipzig, Honorary Member of the Hunterian Society of Edinburgh, Physician to the Meath Hospital and County of Dublin Infirmary, &c. 8vo, pp. 557. Dublin, 1837.

Rudiments of Physiology, in three parts, &c. &c. By the late John Fletcher, M. D., F. R. C. S. E., Lecturer on Physiology, and on Medical Jurisprudence. Part III. Edited by Robert Lewins, M. D., F. R. C. P. E., with a biographical memoir of the author. 8vo, pp. 144. Edinb., 1837.

An Exposition of the Signs and Symptoms of Pregnancy, the Period of Human Gestation, and the Signs of Delivery. By W. F. Montgomery, A. M., M. D., M. R. I. A., Vice President and Professor of Midwifery in the King and Queen's College of Physicians in Ireland. 8vo, pp. 344. London, 1837.

The article in our last number, p. 209, entitled "Extraction of a Foreign Body from the Female Bladder, by M. Thomas," is evidently an abstract of a case by Honoratus L. Thomas, published in the first volume of the Medico-Chirurgical Transactions, of London, *twenty-eight years ago!* For this correction we are indebted to a correspondent, X., of Baltimore. No reference whatever is made to the original by the editor of *La Lancette Française.* He gives it as if it were a case of recent occurrence.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. **October 1, 1837.** **No. 13.**

ART. I.—SECTION OF THE TENDO ACHILLIS.[1]

Dr. Cunier, one of the collaborators of the Bulletin Médical Belge, a distinguished physician to the Belgian army, having obtained permission from the government to travel into the south of France for the restoration of his health, profited by his stay at Montpellier to learn the doctrines of the faculty attached to its celebrated school. The following is from one of his communications to the journal in question.

This operation was performed for the first time in 1784, under the inspection of Thilenius,[2] a physician in the environs of Frankfort; it was subsequently performed by Sartorius,[3] and Michaelis.[4] After them it fell into oblivion, until Delpech cured by the section of the tendo Achillis a club-foot (*picd-équin*) which had resisted all the means made use of to restore it to its proper position. This eminent surgeon remarked, that in most cases of rupture of this tendon, it was impossible to bring the two extremities of the divided tendon into exact contact, but that the reunion did not take place less effectually by the interposition of a fibrous substance which becomes organised, and is sufficiently solid to prevent the exercise of the limb from suffering except from the elongation of the part; thence he deduced that what happened in cases of rupture would also take place in cases of section, and that the interposed fibrous substance would be susceptible of yielding to the efforts of extension—(*Chirurgie Clinique de Montpellier*, vol. i.). Performed according to these ideas, the section of the tendo Achillis was followed by the most satisfactory success; the young man on whom the operation was performed was known to all Montpellier; not only is the deformity corrected, but he walks very well. Yet the sarcasms with which Delpech was loaded caused him to abandon this operation. But his surgical notion was turned to account by some German surgeons who resumed it with energy: Chelius (*Traité de Chirurgie*) Radius (*Dict.*) *Zimmermann* (*der Klump-fuss*, etc.) recommend the section of the tendo Achillis, and sometimes also that of the tibialis anticus; in the posterior club-foot far advanced, and in adults, dividing the tendon, according to them, is the only means of remedying the deformity. Performed lastly by Stromeyer, Stoltz, and several others, the operation has produced a complete cure. The following is the mode employed by Stromeyer:—The patient being seated on a table, and presenting towards the surgeon the side on which the operation is to be performed; one assistant holds the knee, another bends the foot in such a manner as to have the tendon at full stretch, so as to facilitate the section. A very narrow pointed bistoury, curved so that the edge presents a convexity, is introduced flat three inches above the insertion of the tendon, between this and the tibia. The back part of the bistoury being then turned towards the bone, and the edge to the tendon, he cuts, with small saw-like movements, the tendon, which soon divides. He does not reunite the extremities, but proceeds to restore the foot to its natural position.

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[1] Bulletin Médical Belge, Mai, 1837, p. 60.

[2] Thilenius Medicinische und Chirurgisch. Bemerkungen, Frankfort, 1789, p. 335.

[3] Sartorius, in Siebold's Sammlung, vol. iii., p. 258.

[4] Michaelis, in Hufeland's Journal, vol. vi., 1811.

Delpech's mode.—When this surgeon performed the operation, the patient was laid upon his belly, and the bistoury was introduced flat behind the tendo Achillis, so as to produce on each side a wound of an inch in breadth. The instrument having been withdrawn, he introduced into the wound a convex knife, whose edge was turned towards the tendon, which was divided without implicating the skin situated above it. The operation being ended, the two extremities of the tendon were approximated, and kept in contact by an appropriate apparatus. To this end two straps were strongly applied to the knee above and below the patella: to these straps two splints were fixed, as for fractures, which extended down to the level of the sole of the foot: to this was fixed the sole of a shoe, which, by means of some turns of a bandage, kept the foot in a proper position.

Suppuration, exfoliations, &c., which Delpech observed, led him to pronounce subsequently (*Orthomorphie*, vol. ii., p. 330,) that a tendon to be cut ought not to be denuded as in the two large openings which he had made; that the section ought to be made in an oblique direction, and not by a parallel section of the skin: according to Chelius (*Trad. de Pigné*, vol. i., p. 480,) the skin should be opened on each side of the tendon. M. Bouvier has lately (12th Sept. 1836) proposed a new method to the Academy, consisting in the introduction, under the skin covering the tendon, of a kind of needle sharp on one side, by means of which it may be divided, either from without inwards, or from within outwards. This was fulfilling simply the indications of Delpech, whose mode, says M. Bouvier, (*Séance de l'Académie*, last 12th of Sept.) leaves something yet to be desired. This may be more correct as to the mode employed by Delpech, but not with respect to that which he recommends in his *Orthomorphie.*

M. Serre has just performed successfully the section of the tendo Achillis in a case of club-foot. The state of the patient at his entrance into the Hospital of Montpellier is described in a thesis learnedly reasoned on, and ably defended, by M. P. Chollot, March 18th, 1837; I will quote the words of the author. " There is at this period, in the wards of the Hôtel-Dieu Saint Eloi, an individual who presents a well-marked club-foot. It is nearly three years since he received a cut with a sickle across the calf of the leg; the wound was long in cicatrising, and when this was accomplished, the patient experienced acute pains in the wounded region; then he observed the parts to increase in size; the pains were of a nature to indicate the formation of pus. In fact, after the expiration of some time, an abscess was obliged to be opened for him, and a considerable quantity of pus discharged from it; the wound was not long in being completely cicatrised. What was his surprise when, wishing to use his limb, he found this quite impossible! During the whole course of his disease he had kept, in order to avoid pain, his leg bent on his thigh, and the foot had not been kept extended. At the present time, the phalangian extremity of the metatarsal bones is the point of support in walking."—*P. Chollot, de Fontoy* (*Moselle*), *Du Pied-bot Postérieur*, *Thèse*, No. 27.

M. Serre undertook the operation in the following manner. The patient being placed upon his belly, the tendon was laid hold of by two fingers of the left hand. A very narrow bistoury was introduced flat, in front of the tendon, as far as the skin of the opposite side, which he was cautious in not injuring. A narrower bistoury than the first, and probe-pointed, was then carried along the blade which had been first introduced; the latter was withdrawn after the probe-pointed bistoury had been turned so that the back was presented towards the bone and the edge towards the tendon; little saw-like motions were made by the instrument, and the complete section was soon apparent from the noise which it produced. A piece of pasteboard was placed upon the instep and kept there by means of some turns of a bandage, in order that the foot might rest in such a position as to keep the extremities of the tendon at the distance of about half an inch from each other. The wound resulting from the introduction of the instruments bled but little; united by means of adhesive plaster, it closed the next day. The eighth day after the operation, the organised fibrous substance was submitted to an extension carefully managed and increased gradually. The fortieth day has arrived; the foot is restored to its natural position; the intermediate organisation is perfectly solidified, to the extent of two inches and a half, by which the limb was previously shortened. The operation is crowned by the most complete success. There has not been the slightest inflammation.

Professor Serre proposed at first to penetrate between the tendon and the skin, and thus to perform the section *from without inwards;* but an anatomical inspection of the part induced him to abandon his project. There is in fact a circumstance on which M. Bouvier had not thought, in advancing that the incision may be practised in this manner; the external saphena vein and the nerve of the same name might easily be divided, and thus the endeavour to restore the foot to its natural position might be baffled. In performing the incision, M. Serre did not in anywise expose the tendon to the air; he has been satisfied with this plan according to the recommendation of Delpech; the latter reunited the extremities; M. Stromeyer left them too far separated; in the present case the middle course has been adopted.

ART. II.—ON THE BLUISH COLOUR OF THE VAGINA AS A SIGN OF PREGNANCY.

It has been recently affirmed by Dr. Kluge, Professor of Midwifery at Berlin, and by M. Jacquemin at Paris, that a bluish tint of the vagina extending from the os externum to the os uteri is a sure test of pregnancy. According to Kluge, this discoloration commences in the fourth week of utero-gestation, increases until the time of delivery, and ceases with the lochia. M. Jacquemin, in examining the genitals in prostitutes, in compliance with the police regulations at Paris, observed the same peculiarity of colour in the same situation in those that were pregnant; he describes it as a violet colour, or like lees of wine, and so distinct as never to deceive him, being sufficient of itself, and independently of the other signs of pregnancy, to determine the existence of that state. Parent Duchatelet[1] mentions, that he was present when M. Jacquemin's accuracy in this matter was successfully put to the test; in the investigation he examined no less than four thousand five hundred prostitutes.

In his recent excellent publication, Dr. Montgomery[2] states, that his then experience did not enable him to speak decidedly on the point, because the opportunities afforded for ocular examination of the vagina in pregnant women are comparatively rare, and when they do occur, it is almost always on account of some disease of the parts which changes their natural appearance; but he adds that nothing within his observation contradicted the accuracy of the sign under consideration; on the contrary, he found it present, in a greater or less degree, in a few cases which he had recently examined expressly for the purpose, where pregnancy undoubtedly existed. In the preface, however, he adds, that since he wrote the remarks in the body of the work, he had examined a few more cases, and that while in some of these the existence of the bluish colour was very obvious, in others it was so slight as to be scarcely, if at all, perceptible.

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[1] De la Prostitution dans la Ville de Paris. Tom. i., p. 217, 218.

[2] An Exposition of the Signs and Symptoms of Pregnancy, &c. London, 1837. p. 127.

There is nothing more probable than that the capillary circulation of the mucous coat of the vagina should be modified along with that of the interior of the uterus, so as to give occasion to a change of colour like that mentioned by these eminent observers; but we apprehend the test can rarely be available in private practice.

Art. III.—MEDICAL TOPOGRAPHY—No. 4.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 203.)

Intermittent Fever.

I know of no country in which intermittent affections are more prevalent than in the Arkansas. I have there met with almost every variety of forms of "ague and fever;" and have treated several cases attended with unusual and curious phenomena. Instead of chills we have had *fainting spells;* followed by the hot stage, with increased violence of its ordinary symptoms, succeeded by exhausting diarrhœa, taking the place of the usual crisis. Again, in females we have had the "chill and fever" terminated by profuse *hemorrhage* from the secretory vessels of the uterus; and in one instance by abortion. Double quotidians and tertians are frequently met with, and quartians and quintans are not uncommon. I have had occasion to treat at Fort Gibson, and on the prairies west of that post, several cases of intermittent frontal and facial *neuralgia* and intermittent *urticaria*, or nettle-rash; a captain of dragoons, amongst others, and myself, suffered very severely from this last form of affection.

When speaking of remittent fever, we had occasion to notice the almost constant attendance of disorder of the biliary and mucous apparatus in that disease as it prevails in the southwest. This pertains, though in a mitigated degree, in the intermittent fevers of that region; yet I have treated some cases that were complicated with jaundice and mucous enteritis.

The intermittent fevers of the Arkansas country may be divided into the *simple*, the *bilious*, and the *congestive*. The first is mostly a vernal disease, attended with but slight disorder of the system—which, during the apyrexia, is apparently free from disease, and it frequently disappears after a few paroxysms, even without the intervention of medicine. The second, or bilious, (a disease of the summer and fall) is attended with disorder of the hepatic functions and gastro-intestinal derangement. The chill is frequently severe, the fever protracted, and the crisis or sweating stage imperfect or partial—whilst the apyrexia is often short or incomplete. In the congestive (which is seldom seen but in fall and winter) there is rather a succession of chills than a single cold stage, with a disposition to sink into collapse. The system reacts with difficulty, and the hot stage passes off with clammy *exudation* on the face and neck, leaving signs of great prostration—in some cases, with profuse *fetid* perspiration, hemorrhage from the gums and nose, petechial and colliquative diarrhœa.

Treatment.—In the simple form of intermittent fever, we have usually prescribed, for an adult, during the apyrexia, five grains of calomel, one grain of ipecacuanha, and half a grain opium, in pill—followed by another in three or four hours, and succeeded by an ounce of Epsom salts or of castor oil, or a double Seidlitz powder. During and after the operation of the purgatives, we have enjoined the free use of cool mucilaginous drinks, with the effect to prevent gastro-intestinal irritation, so apt to supervene in this climate, from the operation of even the mildest cathartics. If the fever were quotidian, we now gave six grains of quinine in pills an hour before the expected time of the paroxysm, with the invariable result to destroy the periodicity of the affection ; it was continued in two-grain doses every four hours, and six grains again the next day at the expected time, and so on till three or four terms had been passed over—then a powder of Peruvian bark and Virginia snake-root[1] was ordered (with an occasional Seidlitz powder to keep the bowels soluble) to be taken three or four times a day in water for a week. In the tertian, quartan, or quintan form—after the operation of a purge, as prescribed in the quotidian, we delayed the quinine until within *twelve* hours of the time of the expected paroxysm, then commenced with two grains every two hours, and in the period of time next that of the expected paroxysm (the time being so arranged as that a period should fall on an hour immediately before the expected recurrence) gave from six to twelve grains in pills—continuing this manner of its exhibition until at least two terms of expected recurrence had been passed over, when two grains every four hours were taken for a few days, and succeeded by the bark and snake-root, for which we sometimes substituted an infusion of dog-wood and wild cherry bark[2] with equally good effects. If the patient were seen in the cold stage, an emetic of ipecacuanha would cut it short, and develop the hot stage —which could generally be moderated by warm maniluvia and pediluvia, joined with cold applications to the head, and cool acidulated drinks. The sweating stage was encouraged by plentiful draughts of elder blossom or linden blossom (Tilia Americana), or common table tea. In some cases of quotidian we deferred the quinine until another paroxysm had passed, with a view to have the full effects of the purges exhibited. In these we commenced the tonic treatment twelve hours before the expected recurrence, by giving two grains of quinine every two hours, and at the period next to the time of the recurrence tripled the dose, and followed it up afterwards in the same manner for a few days, and concluded with the bark and snake-root. Where the fever was attended by dysenteric symptoms, the bowels were corrected by calomel in small doses combined with opium and ipecacuanha, together with mucilaginous drinks and emollient enemata—before any attempt was made to break up its periodicity.

The *bilious* intermittent was treated much in the same way as that of the simple form, as regards the breaking up of its periodicity. But generally quinine could not be given with safety during the first three or four days. It required a longer time to prepare the system for its use judiciously. If the treatment were commenced during the apyrexia, we gave calomel with opium and ipecacuanha, followed by castor oil or salts in the same manner as we did for the simple form, with the addition of an occasional aperient to keep up the alvine discharges. In the chill, an *emetic* of ipecacuanha was beneficial. The proper pyrexia could generally be moderated, and the sweating stage hastened by a small general bleeding, conjoined with warm maniluvia and pediluvia, and sponging the head and neck with cold water. Warm cataplasms to the abdomen contributed much to relieve the gastric distress so commonly present in this form of intermittent, as did also occasional small draughts of cool mucilaginous or acidulated drinks, or cold water, or ice, in the manner directed to be used in the bilious remittent. Cupping the epigastrium was sometimes had recourse to; but generally not required. After the periodicity of the affection had been broken up and the fever failed to recur, there yet frequently remained a disordered liver, with a sensible engorgement of this viscus, attended by pain under the right ribs, and occasional tormina of the bowels, with mucous stools and sometimes bilious diarrhœa. Cupping the right hypochondrium followed by emollient poultices gave relief in many cases of this kind; but permanent benefit was better obtained by wearing a burgundy-pitch plaster, sprinkled with tartar emetic, over the region of the liver, until pustulation was produced (removed and reapplied several times), and taking a pill of blue mass, rhubarb, taraxacum, opium and ipecacuanha[1] every night and morning until a slight mercurial impression was induced, which, with the occasional use of emollient enemata, general warm bathing, and the nitro-muriatic or chlorine foot-bath, effected a restoration to health.

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[1] R. Pulv. cort. cinchonæ ℥ i.
" Aristolochiæ serpent. rad. ℥ ii.
M. et divid. in pulv. xxiv.

[2] R. Cort. Pruni Virginianæ contus.
Corn. Floridæ contus, aa. ℥ ii.
Aquæ frigid. Oii.
Macera per horas viginti-quatuor in vasi leviter clauso et cola. Dose, a wine-glassful.

In the *congestive* form, if the patient passed happily through the first paroxysm, the great object was to prevent a recurrence, and as the type was generally tertian or quartan, we found time to effect it. The bowels were freed by stimulating laxative enemata; and four grains of quinine dissolved in ten drops of elixir vitriol, and two drams of water with ten grains of spirituous extract of Peruvian bark, were given every two hours, and an hour before the expected paroxysm the dose was trebled, and in two cases quadrupled—without failing to break it. If the patient were encountered in the chills, a large *emetic* of ipecacuanha wine or powdered ipecacuanha in brandy or some strong spirituous liquor, was immediately given, a sinapism applied to the epigastrium, frictions made with stimulating embrocations, and warm bricks and bottles of warm water were placed at the soles of the feet, between the thighs, and in the arm-pits. If emesis were readily induced the patient rallied—the skin became warm and contractile, and the fever (hot stage) established itself, which was moderated by bathing the hands and feet in warm mustard baths and applying cold to the head. The sweating stage was solicited by cool diaphoretic drinks and warm vapour baths to the body. When it became established, if the patient could bear it, a calomel, opium, and ipecacuanha pill[2] was directed—in three hours another, and in four more a dose of castor oil, followed by stimulating laxative enemata. In some cases, however, on account of prostration, we had to forego the exhibition of calomel with a view to its purgative effect, and content ourselves with *terebinthinate* injections to open the bowels—giving two grains of calomel with half a grain each of opium and ipecacuanha in pill, every hour, with constant small draughts of wine, rum, or brandy-punch. To prevent the recurrence of the attack, quinine and extract of bark were exhibited as above. After the terms of two paroxysms were passed over, blue mass was given in conjunction with extract of taraxacum, of colocynth, and rhubarb,[3] a pill every six hours till the sialagogue effects of the mercury were felt, when they were omitted, and one fluid dram of Huxham's tincture of bark and ten drops of elix. vitriol, taken in a glass of port wine twice a day, continued from one to two weeks with ocasional saline baths, completed the treatment.

In two cases of malignant intermittent, attended with hemorrhages from the gums and nose, and petechial state of the skin (in one so bad as to constitute "purpura hæmorrhagica") I succeeded in effecting a cure in both cases. Cold dash to the face and head; blisters to the extremities; and quinine and extract of bark given in large doses,—with cold water, acidulated with aromatic sulphuric acid, as a common drink; and terebinthinate enemata—formed the basis of the treatment.

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[1] R. Pil. hydrarg. ʒ i.
Ext. taraxaci ʒ ii.
Pulv. rhei ℈ ii.
" opii.
" ipecac. aa gr. x.
M. et ft. massa. Divide in pilulas xxiv.

[2] Vid. Prescriptions in No. 2.

[3] Ibid.

In those cases of intermittent fever commencing with *syncope* instead of the usual chill, we directed the *cold dash* to the head and neck, and gave *warm aromatic* drinks, with the result to speedily bring on reaction.

In those cases among females where the *crisis* was a termination in *uterine hemorrhage*, we gave two grains of quinine conjoined with three of the pure prussiate (ferro-cyanate), or five of the carbonate of iron in pills, every two hours, and doubled or trebled the dose (according to circumstances) at the period next to that of the expected recurrence, with the happiest effects. If the woman were at her menstrual term we omitted the preparations of iron and gave the quinine singly, unless the loss of blood proved abundant and weakening.

Most of the cases of congestive intermittent fever that I have treated were in persons whose constitutions had been broken by repeated attacks of disease, or undermined by the *silent* influence of malaria. Their solid abdominal viscera, especially the liver and spleen, being in a state of chronic engorgement; and their digestive and assimilating organs incapable of performing their functions properly.

During the treatment of a simple or bilious intermittent, the *diet* was of the mildest character; for the first three or four days nothing would be allowed but rice or barley water, water gruel or tea and toast. In the *congestive* form, however, the system from the first had to be sustained by nourishing liquids—such as calf or mutton bouillon, chicken broth, and wine panada.

ART. IV.—DETENTION OF THE TESTES IN THE ABDOMEN.

This phenomenon may be regarded a case of monstrosity by defect, the testes, instead of descending into the scrotum, being detained and thus remaining abdominal viscera. It is universally admitted, that this non-descent of the organs does not necessarily induce impotence. Nay, one writer has gone so far as to express his belief, that they may secrete more energetically in consequence of the warm situation which they occupy.[1] Some years ago we saw an intelligent youth, who was suffering under most intense pain in one inguinal region extending to the abdomen. On examining the part a hard tumour was found in the direction of the inguinal canal, having an ovoid shape, and the testes were discovered to be absent from the scrotum. A copious blood-letting, with a cathartic, removed the unpleasant symptoms. Since that period he has had a subsequent attack, which was relieved in the same way. Both attacks were brought on by severe exercise,—the last time after riding a hard trotting horse, in consequence of which the testis probably became engaged in the orifice of the canal, and constriction with its consequences resulted. We have seen our young friend very recently, who seems to possess every manly attribute.

Recently, M. Pétrequin[2] has published the appearances observed in a case of "Intra-abdominal Testes." The man, thirty-six years of age, was admitted into the Hotel-Dieu, of Lyons, for acute meningitis, of which he died.

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[1] Fodéré, Traité de Médecine légale, i., 370. Paris, 1813.

[2] Gazette Médicale de Paris, No. 13, Avril 1, 1837.

Having had occasion to pass the catheter, M. Pétrequin remarked, that there were no testes in the scrotum. The following were the appearances after death.

On the right side, the testis, contained in the abdomen, was found on the inner side of the inguinal aperture, and was strongly united to the peritoneum at its convex surface, whilst the epididymis and vas deferens, with the spermatic cord, were slightly engaged in the inguinal canal, where they were reflected to re-enter the abdomen. The vas deferens at its entrance was situated under the testis. The peritoneum was buried, like the finger of a glove, in the opening of the canal, and formed a *cul-de-sac*, about eighteen lines deep, into which the index finger could be easily introduced. Independently of the local union with the peritoneum, the testis was retained in the abdomen by a membrane, or rather by a reflection or duplicature of the peritoneum, which, adherent at its concave surface, proceeded—spreading out like a fan—to be attached in the right iliac fossa.

On the left side, two fingers could readily be introduced into the canal from the abdomen; the testis, resting on the pubis, had advanced on a level with the pillars along with the spermatic cord, which descended even a little lower, and formed a hernia that could easily be reproduced; it adhered, by its head, to a pouch large enough to contain a goose's egg, which, formed of a thick membrane having a fibrous appearance, constituted a kind of funnel above the testicle, which it capped (*coiffait*) so as to enclose it as in a sac when the organ was reduced. Manifestly continuous with the peritoneum, which seemed to be distended to produce it, this pouch did not present the thin and semi-transparent texture of the abdominal serous membrane, but a resisting, thick tissue, analogous to the fibrous expansions, but without their polish. Portions of intestines must have occasionally entered; and it was doubtless owing to the patient being on his back, that I did not perceive it the day before his death.

The vasa deferentia, which had to run a shorter course than usual, were folded zigzag a number of times.

Art. V.—CASE OF INSANITY.

BY THORNTON F. OFFUTE, M. D., OF VINCENNES, KNOX COUNTY, INDIANA.

Vincennes, July 26th, 1837.

Dear sir,—I have under my care a most singular case of insanity, in the treatment of which I have been so far unsuccessful. I wish, in as brief a manner as possible, to make you acquainted with its nature, and the plan of treatment pursued by me, and will be thankful for any information that may enable me to serve the patient. Miss H., aged about twenty-two, of dark complexion, eyes, and hair, tall and well formed, about two years ago, having taken cold, was affected with insanity, and suppression of the menses. When I first saw her, three months ago, I found her rather quiet, but somewhat disposed to tear her clothes; she would start suddenly from her chair and jump about the room, then quickly fall on her knees, in which position she would remain until she was conducted to her seat. She is fond of riding on horseback, and when mounted rides in the most rapid and fearless manner; she talks but little and on indifferent subjects.

I commenced treating the case with the compound aloetic pill; but as this produced no change, I gave calomel in combination with the above-named pill, until ptyalism was brought about. I thought at this time there was some *little* change for the better, and the aloetic pills, with tincture of cantharides, were used for a week or two, during all which time her friends thought her more calm and rational than she had been for months; but unfortunately "she ate a very hearty meal," and among other things a great quantity of dried beans boiled. She immediately became more unmanageable, jumping about the house, and was sometimes guilty of the most foolish and extravagant acts. Since this change for the worse, I have given her pills of aloes, savin, and extract of helleb.; do. with sulphate of iron and cantharides, Dewees's compound volatile tincture of guaiacum, oil of savin, and tincture of cantharides. These have been given separately and in combination, in small and large doses, without producing the least change.

I have recently added calomel to my emmenagogue prescriptions, and enjoined a milk and vegetable diet. Her mouth is now a little sore, but there is not the slightest change for the better. I shall, in a few days, apply a blister to the sacrum, and push the emmenagogue medicines as far as can with propriety be done; and in the mean time be pleased to let me hear from you on the subject.

I forgot to state that she *generally* sleeps soundly and has a good appetite: the bowels at first were bound, but for more than two months (as well when she was not as when she was using medicine) they were regular.

Your obedient servant,
THORNTON F. OFFUTE.

Prof. R. Dunglison.

In the last "Journal of Medical Sciences," some cases of insanity, dependent on suppression of the menstrual flux, are recorded as having been successfully treated by aloetic cathartics, tincture of cantharides, and sulphate of morphine. There appears to have been so little trouble, in these cases, in effecting cures, that the young physician from a perusal of them would be inclined to think that the treatment of such is very simple and very sure. The above case will be sufficient, however, to convince any one of the folly of coming to such a conclusion. The case also exhibits the inefficacy of the compound volatile tincture of guaiacum, of which Professor Dewees speaks as being almost a specific in amenorrhœa. It cannot be said that the system was not properly prepared for the administration of the remedy, for an experience of twelve years in such cases renders it rather probable that I should know what the favourable state is; and although I have administered this medicine to more than two hundred females, in various doses, I have never seen the slightest good result from its employment. T. F. O.

ART. VI.—MEDICAL EDUCATION IN BERLIN.

In the "*Index Lectionum*"—or index of the lectures for which we are indebted to a valued correspondent in England—we have a list of the different lectures[1] delivered in the University of Berlin, by the three sets of teachers, the *professores ordinarii*, the *professores extraordinarii*, and the *privatim docentes* or "private teachers," in the different faculties. This, to one unacquainted with the extent to which the business of teaching is divided and subdivided in the German universities, is absolutely astounding. The medical part of this index alone concerns us: from it we extract the manner in which the student may occupy his hours during the collegiate year. Four years must be spent by every candidate for a degree, and it is thought that in future five may be required.

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[1] Index Lectionum quæ auspiciis Regis augustissimi Friderici Guilelmi tertii in universitate litteraria Friderica Guilelma per semestre Hibernum a MDCCCXXXV.—MDCCCXXXVI, a die xix. Octobris instituentur. Berolini. 4to, pp. 30.

LECTURES.

7 to 8 A. M.—Reich (P. E.[1]), special pathology and therapeia. Ascherson (P. D.), general and special surgery.

8 to 9.—Horn (P. O.), on the diagnosis and cure of syphilitic diseases; and on the special therapeia of acute and chronic diseases. Link (P. O.), on pharmacology. Schult (P. O.), on physiology. Wagner (P. O.), special pathology and therapeia. Eck (P. E.), general and special physiology. Froriep (P. E.), surgical operations, aciurgia, and surgical anatomy. Kluge (P. E.), clinics of syphilitic diseases. Reich (P. E.) special pathology and therapeia. Wolff (P. E.) clinical exercises. Isensee (P. D.), special pathology and therapeia, alternately.

9 to 10.—Hecker (P. O.), special pathology and therapeia. Iüngken (P. O.), clinical ophthalmic exercises. Kluge (P. E.), clinics of syphilitic diseases. Osann (P. O.), on the aids to be afforded where life is suddenly endangered. Schlemm (P. O.), on splanchnology. Dieffenbach (P. E.), universal and special surgery. Froriep (P. E.), aciurgia and surgical anatomy. Kranichfeld (P. E.), medical methodology. Troschel (P. D.), general and special surgery.

10 to 11.—F. Hufeland (P. O.), semeiotics. Kluge (P. E.), general surgery; also, theoretical and practical part of obstetrics, and doctrine of fractures and luxations.

10 to 11½.—Rust (P. O.), clinical exercises.

11 to 12.—Bartels (P .O.), clinical medical exercises. Kluge (P. E.), elements of the art of obstetrics; also, general surgery; also, doctrine of fractures and luxations; also, the theoretical and practical parts of obstetrics.

12 to 1.—Bartels (P. O.), clinical medical exercises. Link (P. O.), on cryptogamous plants. Rust (P. O.), general surgery. Schlemm (P. O.), articular ligaments and aponeuroses; also, osteology. Schultz (P. O.), officinal plants; also, materia medica, with the doctrine of medical formulæ. Casper (P. E.), forensic medicine. Barez (P. D.), clinical exercises on the diseases of children. Phœbus (P. D.), general anatomy and histology. Romberg (P. D.), diagnosis, with demonstrations on the sick; also, doctrine of nervous diseases. Troschel (P. D.), helcology; also, doctrine of diseases of the teeth.

12 to 1½.—Ehrenberg (P. E.), comparative physiology.

1 to 2, P. M.—Hecker (P. O.) medical encyclopædia and methodology. Horkel (P. O.), general physiology. C. Hufeland (P. O.), clinical exercises. F. Hufeland (P. O.), special therapeia. Osann (P. O.), polyclinics. Eck (P. E.), contagious diseases. Reich (P. E.), on the diseases of evolution. Trüstedt (P. E.), clinical medico-chirurgical exercises. Phœbus (P. D.), physical anthropology.

2 to 3.—C. F. Gräfe (P. O.), surgical and ophthalmic clinics. Müller (P. O.), anatomy of the human body in health. Casper (P. E.), first part of special pathology and therapeia. Ideler (P. D.), diagnosis and cure of mental diseases.

3 to 4.—C. F. Gräfe (P. O.), universal aciurgia. Müller (P. O.), anatomy of the organs of sense. Wagner (P. O.), political medicine; also, forensic medicine. Casper (P. E.), first part of special pathology and therapeia; also, the other part. Isensee (P. D.), special pathology and therapeia.

3 to 4½.—Kranichfeld (P. E.), special therapeia of the eye.

4 to 5.—Busch (P. O.), obstetrical clinics. Bartels (P. O.), aphorisms of Hippocrates; also, pathology and therapeia. Hecker (P. O.), history of medicine. F. Hufeland (P. O.), general pathology. Iüngken (P. O.), diagnosis and cure of the diseases of the ear; also, of the diseases of the eye. Wagner (P. O.), practical exercises on the institution of forensic

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[1] P. E. affixed to a name means Professor Extraordinarius; P. O., Professor Ordinarius; and P. D., Privatim Docens.

medicine. E. A. Gräfe (P. D.), general and special surgery. Isensee (P. D.), on certain new remedies and methods of cure. Mitscherlich (P. D.), materia medica. Oppert (P. D.), doctrine of the diagnosis and cure of syphilitic diseases; also, general therapeia. Wilde (P. D.), obstetrics. Isensee (P. D.), special pathology and therapeia.

5 to 6.—Busch (P. O.), obstetrics; also, elements of the art of obstetrics. Bartels (P. O.), pathology and therapeia. Iüngken (P. O.). diagnosis and cure of diseases of the ear. Osann (P. O.), materia medica. Kranichfeld (P. E.), Hygiène. Ascherson (P. D.), art of bandaging. Dann (P. D.), special pathology and therapeia. Nicolai (P. D.), medical police, and the medical regulations of Prussia; also, general pathology, symptomatology, and 'exploration' of the sick.

6 to 7.—Busch (P. O.), obstetrics. Angelstein (P. D.), doctrine of operations on the eye; also, universal and special ophthalmiatrice. Isensee (P. D.), medical and forensic psychology.

7 to 8.—Dieffenbach (P. E.), surgical operations. Eck (P. E.), Physiological part of the institutes of medicine. Angelstein (P. D.), practical course of operations on the eye. Dann (P. D.), diseases of the ear. Ideler (P. D.), clinics of diseases of the mind.

Some of the professors deliver also private courses; and, where they appear to occupy two subjects in the same hour, it is not on the same days of the week. Some, too, of the lectures, it will be observed, occupy two hours.

Each candidate for graduation, besides being required to pass rigid examinations on the different branches of the healing art, held in the Latin language, is compelled to compose and defend a Latin dissertation on some acceptable subject. These are generally of a superior order, in consequence of the thorough medical education, which four or five years of study is capable of effecting. To some Berlin dissertations before us, a short "vita," or biography, of the candidate is appended. We cite one from a dissertation —"De Dilatatione Ventriculi," defended in December, 1835,—as a specimen. It is a kind of history of the education of the author.

I, Walter John Fackeldey, born at Embrica, on the 9th of September, 1809,—my father's name F. Fackeldey, and my mother's Joanna, of the family of Van den Brock,—profess the catholic faith. My first rudiments of letters were acquired in my native town, under an evangelical pastor, Zur Nieden, a much prized preceptor; thence I went to the gymnasium, at Cleves, which was under the directorship of the excellent Nagel, where I studied for four years. I then went to Munster, where my testimonial of fitness having been received by the director of the medico-chirurgical school —the estimable Bodde—I attended the following lectures:—*experimental physics*, by the celebrated Roling; *chemistry*, by the estimable Bodde; *anatomy* and *dissections*, by the distinguished Tourtual; *general pathology*, by the celebrated Busch; *zoology*, by the distinguished Beck; and *physiology* by the celebrated Heindorf. At the expiration of the half year I entered the University of Giessen, and attended the following lectures:—*botany*, by the celebrated Wilbrand; *psychology* and *logic*, by the distinguished Koch. I then went to Bonn, and having taken out my inscriptions with the dean, I attended the following courses:—*general pathology*, *methodology*, and *encyclopædia*, by the celebrated Müller; *general therapeia*, by the distinguished Harless; *anatomy* and *dissections*, by the celebrated Meyer and Weber. In the year 1832, I went to Halle, and was admitted by the honourable Prorector Hefter, and the excellent Meckel, Dean of the Medical Faculty. My preceptors were the following distinguished individuals:—Germar, on *mineralogy* and *crystalography;* Friedländer, on *materia medica* and *the art of prescribing;* Gerlach, *psychology;* Krukenberg, *pathology* and *special therapeia;* Blasius, *luxations* and *fractures;*

> and Niemeyer, *theory of obstetrics.* I followed the clinical school of these illustrious men,—Krukenberg being physician, and Blasius surgeon-oculist. In the autumn of the year 1834, I went to Berlin, and was admitted into the university by the honourable Rector Steffens, and the distinguished Busch, Dean of the Medical Faculty. There I attended the following clinical lectures:—the *obstetrical* of the distinguished Busch; the *therapeutical* of the distinguished Bartels, and the celebrated Wolff; and the *ophthalmiatric* of the distinguished Iüngken.
>
> To all these individuals I shall ever owe affection and gratitude.
>
> My desire is, that after I shall have passed my examinations (*tentaminibus*), philosophical, medical, and rigorous, before the honoured medical faculty, and have publicly defended this dissertation, and my theses, to have the *summi honores*, in medicine and surgery, conferred on me.—p. 32.

The philosophical examination, to which allusion is made in the last sentence, is on chemistry, physics, zoology, botany, mineralogy, and philosophy, by a board consisting of members of the Faculty of Philosophy of the university. The *tentamen medicum* is an examination, conducted, both in writing and *viva voce*, before the dean; and the *examen rigorosum* takes place before the medical faculty, and is on all the branches of medicine.

The "Theses," which the candidate has to defend publicly, and of which mention is made in the "*Vita*" of Dr. Fackeldey, embrace various topics. In his case they were as follows:—

1. The torsion of arteries should be abandoned.
2. Many diseases of the chest cannot be known without auscultation.
3. The asthma of Millar and the tussis convulsiva differ greatly from each other.
4. There are no specific remedies.
5. Hectic fever does not forbid amputation.

&c. &c.

ART. VII.—ON THE POWER OF PROCREATING AFTER CASTRATION.

We publish with pleasure the following note from our friend Dr. Warrington, in confirmation of a fact referred to in a previous number of this journal.[1]

> *Professor Dunglison.*
>
> Dear doctor,—In looking over a recent number of the "American Medical Library and Intelligencer," I perceived some notices of occasional instances of the capability in animals to procreate after castration. Although contrary to the general impression, that this function is immediately destroyed by the removal of the testes, I was prepared to credit the statement by an observation which I made several years since. A sow in heat had left the herd of a neighbouring farm, and visited that on which I then resided, in search of a boar, who having, as was supposed, served the purpose of impregnating all the sows of that and the adjoining farms, had been fully castrated two days before this visit. With nearly his accustomed energy, however, he covered the sow, which without further coition ceased to be in heat, and in due time produced a litter of pigs. The barrow never from that period evinced either inclination or capability for sexual intercourse.
>
> These facts involve some interesting physiological questions; and so far as they relate to man, are entitled to regard in forensic medicine.
>
> Very respectfully thine,
> JOSEPH WARRINGTON.

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[1] Intelligencer for July 15th, 1837, p. 146.

BIBLIOGRAPHICAL NOTICES.

Barton on Acclimation.[1]

In an early number of the "Intelligencer" we referred to the remarks of Professor Barton on the climate of New Orleans, which were intended to show, that the mortality of that city was chiefly amongst the unacclimated. The lecture before us follows up this subject, and lays down rules for the observance of the stranger. Some time ago, we prepared a bibliographical notice of this lecture, but it was mislaid. The following extract will convey an idea of the author's style, and of some of the views entertained by him.

"He, then, who carefully traces effects to causes, and reasons upon their respective influences, is not permitted to doubt, that if, in obedience to a proper system of medical police, there is established a mode of paving that shall prevent the accumulation of filth or stagnant water above, and evaporation from the moist soil beneath—a sufficient draining, clearing, and cultivation of the swamps in the neighbourhood—a removal of impediments to a proper ventilation—curtailing irradiations of elevated temperature—lowering the heat of the streets by streams of running water and its occasional diffusion over the surface—with a suitable attention to hygiène rules, and with an accommodation of our habits to the altered conditions, in the various relations which a change of climate exacts—there cannot be a doubt that this city would not only be dry enough for all the purposes and demands of commerce, but would be unequaled for its salubrity by any city on this continent.

"Fortunately, our climate is subject to no great variety of diseases that are indigenous, when compared with other portions of our country, a large proportion of our complaints having other sources, many of the afflicted coming here for the benefit of the climate. And if our acclimatement is sometimes severe, it is the only ordeal we have to pass through—no such immunity is enjoyed in the northern portion of the United States—no period of acclimation can protect the pulmonary organs of the natives or emigrants from a scourge that yearly takes off, in some of their healthiest cities, 1 in every 4.52 of their deaths.

"It is impossible to obtain correct data in order to give precise details upon the subject of our own diseases—the nearest approach to it is derived from the record of the Charity Hospital, which furnishes about 1 in 3.86 of our annual mortality. In comparing the detail derived from that source, it will result that pulmonary consumption, which carries off in the northern cities 1 in every 5 or 6 of their deaths, is here fatal to about 1 in 50, few of which doubtless originated here.[2] Of pulmonary diseases in general, which in the northern cities carry off near 1 in every 4 of their deaths, are here fatal to about 1 in 30, of which about one third were acclimated,[3] furnishing, in fact, a ratio of pulmonary diseases to the entire mortality of that house, probably unprecedented in any country, and in private practice it is probably less.

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[1] Introductory Lecture on Acclimation, delivered at the opening of the third session of the Medical College of Louisiana. By E. H. Barton, M. D., Professor of the Theory and Practice of Medicine, Member of the Medical Board of Louisiana, Administrator of the Charity Hospital, &c. &c. Published at the request of the class. 8vo, pp. 17. New Orleans, 1837.

[2] It is proper to state that these data are not only imperfect, but vary greatly in different years. In some years, the cases of phthisis to the entire mortality in the house is but 1 in 80, and in another in 14, (in 1832.)

[3] This is very difficult to ascertain from our imperfect records. From the same source I have procured most of the above data: it appears that in a series of years, of the phthisical patients in that institution, the average of the acclimated to the unacclimated were as 8 to 20. This, however, can hardly be considered correct, many per-

"Of the class *fevers*, the great mass of our mortality consists: these records show the proportion of 1 in every 2.92 of the entire mortality of the house, and the estimates are taken from years of the greatest mortality that ever occurred in this country. But it must not be forgotten that a large proportion of this consists of the unacclimated—the exposed and besotted, of which New Orleans has a larger ratio probably than any city in the Union. From a statement from the books, it appears that there were actually of unacclimated individuals nearly four fifths of the whole. The mortality of the acclimated population in the house from fevers, to the entire mortality, is 1 in 29.02, and of the unacclimated there appears a proportion of 1 in 6, and the cost of acclimation through fever, so far as these returns furnish an estimate, is annually about 131—and if the relative proportion in this house to the entire city mortality be correct in this respect, (in fact much the largest portion die in the Charity Hospital,) the annual mortality in the city through acclimation may be estimated at about 507, and be it recollected, however, that the estimate embraces one of the epidemic years, (1832.)

"The mortality in early life in Philadelphia is about one half the entire mortality, and so unfriendly is the climate to early life, that one half of these die within the year. We have no data of our own with which to compare it. I feel very confident, however, that it does not exceed one fourth of these proportions. It is almost useless to stop to lament these deficiencies. For want of them we know not the mean duration of life—the chances of living—when we are traduced by all the world for the precariousness of existence here, when but a little trouble would give the exact truth; nor the cost of acclimation, circumstances indispensable to insurance. Indeed, no record could be more valuable and interesting to the country. Oblivious darkness as to the past shrouds and must forever shroud it—no laborious research, no searching scrutinies, can throw much light upon it. We are all so absorbed in the future, that little thought is given to the past. This, to be sure, is not true wisdom; we are leaving out the most important data with regard to our progressive condition, and blunder on in ignorance and uncertainty. Were such data present to *prove* that the health of the place is actually and materially ameliorating, of which there cannot be a doubt, but there is wanting the *official* proof to convey to and produce conviction on others, millions might be added to the value of our property, and the city would become duly appreciated.

"The period of removal to any climate is when the temperature of the country you move from is, in the revolution of its seasons, the nearest to that you are moving to. And the reason is obvious, because the calorific process will have been most on a par with both, will have equalised itself with the temperatures actually existing, and there will be, consequently, the least shock to the system. If you are moving to the north, you should seize the period when our mild winter is closing its March, and a few weeks of traveling would hardly leave you conscious of any change. On the contrary, if it is your intention to remove south from the northern and middle states, the temperature of their late autumnal season is much the same as that of our winters; hence that is the safest period for removal south, as the system will have already measurably accommodated itself to the condition existing here, and the reduction incidental to a calorific process at its maximum, would be but partially required.

"The enquiry so often made—how long a period is required for the acclimating process, and what assurance have we that it is passed?—is not so

sons coming to this climate, for its generally acknowledged benefit in pulmonary affections, with strong phthisical predispositions and liabilities, which may and do ultimately become developed, after they have been here three years, (or "acclimated,") and hence add materially to the number.

easily answered, to a mathematical certainty, but sufficiently so for all practical purposes. There are various compound considerations to influence it —the temperament of the individual—his habits and modes of life—the more or less northern his place of departure, &c. Following the directions and governed by the principles here laid down—three years, at the farthest, may be considered a fair period for this much valued immunity. But it may be acquired in less,—a severe or protracted attack of a febrile disease may reduce the tone of the system to that condition to which a long residence in a warm climate subjects us all.

"It has been most erroneously supposed that this probationary period must be accompanied with fever to procure the rewarded acclimation, and many are most reckless of their health, regardless of all prudential considerations, presuming there is no other road of safety but through this much dreaded one. It is often a fatal error, for it is most obvious that *however* that condition of constitution is acquired by which this much dreaded result is obtained—the end is the same, immunity, influenced very much by his conformity or departure in his habits and mode of life, from those principles already laid down. There is no secret or system about it, nor is there any specific inoculation necessary. It is most true, that much the largest portion pass through this ordeal, and the reason is as obvious as the prevalence—there is departure from those hygienic rules and restrictions, that so wonderfully, yet rationally, adapt the yielding system of man to the requirements of a different order of things, and he pays the penalty accordingly."—p. 13–15.

Professor Barton, we think, runs the risk of being considered somewhat "Utopian" in the apostrophe to Louisiana contained in his peroration.

"It would detain you too long to enumerate all the diseases and conditions of life from which benefit has been received in exchanging a northern for a southern clime—let me refer to a few, the principal of them—as the pulmonary—cardiac and calculous affections—gout, rheumatism, scrofula—old chronic affections—for worn-down constitutions—for advanced age and delicate early life: and the advantage derived here has resulted from the diffusion of excitement—its translation to the capillaries of the periphery, and the unlocking, in that proportion, those numerous congestions and local actions which seem to have chained in their embrace the vitality of the system. The lessened demand for the exercise of those organs, (the pulmonary,) one of whose functions it is to increase the heat, and calling into activity others that are torpid or worn down, by the application of a mild and constant stimulus, (heat,) which, when duly accommodated to the wants of the system, supplies one of those natural demands without which we cannot live, resuscitates exhausted nature, and prolongs the period of human existence. History teems with the effects of such removals:—the ancient Romans of the higher latitudes of Italy, worn down by intemperance and age, were wont to emigrate to the warmer sun and purer air of the Mediterranean, and thus of adding many years to their lives. Such, also, we are told, has been the habit of the Portuguese, who emigrate to the Brazils, to renovate their exhausted constitutions. And such will be, as it has been to some extent, the habit in our own country, and the sunny clime and mild temperature of Louisiana, which has been proved to have been more favourable, especially to the extremes of human life, than *any other* portion of our common country, will be the ordinary resort of the aged—the delicate and the young—the decrepit and the afflicted—the diseased and worn down constitutions of other portions of the Union. Happy Louisiana! With a soil inexhaustible in fertility—with a position accessible, with unparalleled facility, by water and land, at all times, from every portion of the globe,—with wealth and refinement almost unrivaled, and with a climate that is equally friendly to the native population and the afflicted of other countries, you are destined to be the long desired and envied Utopia of other nations."

Ryland on Diseases and Injuries of the Larynx and Trachea.[1]

The author states, that his object in writing the present work has been to collect the materials so profusely scattered about, to compare them with the results of his own experience, and to form, on the basis of the two combined, a *practical* treatise on the diseases and injuries to which the larynx and trachea are liable.

The work commences with a short account of the anatomy, physiology, and pathology, of the larynx and trachea; and then considers in succession the inflammatory and the functional diseases of those parts, concluding with four chapters on the injuries of the larynx and trachea.

Dr. M. Hall's Practice of Physic.[2]

The present work of Dr. M. Hall is a union of certain theoretical and practical details with his "Principles of Diagnosis," the second edition of which was reprinted in this country a few years ago. The union appears to us somewhat forced, and the whole production is liable to the objections apprehended by Dr. Hall in his preface. "I have attempted," he says, "in this work to lay down the first principles of the theory and practice of medicine for the *medical student*, and for the *young practitioner*, whose *time* I have endeavoured to economise by placing many *practical* points before his eyes, at once, in the various *arrangements* which I have freely interspersed in its course. I wished not to write an unnecessary sentence, or even an unnecessary word. Perhaps, in my wish to condense, I may have omitted some things which had been better inserted, and my intention of supplying these and other defects, in my *lectures*, may not excuse me to *all* my readers."

Every one must feel that the work is too much of an epitome. It is divided into two parts,—the one on the theory of medicine, the other on the practice. The *first* involving a general view of anatomy in reference to textures and regions: the *second* relating entirely to actual disease of systems or of organs,—all of which is comprised in a space equal to not more than 375 pages of our "Library!"

The Medical Profession.

There is much truth in the following pertinent observations from the pen —if we mistake not—of a distinguished lawyer, David Hoffman, Esq., of Baltimore. The whole work, in which they appear,[3] is well worthy of attentive perusal. It is evidently the production of one accustomed to observe accurately and to reflect deeply.

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[1] A Treatise on the Diseases and Injuries of the Larynx and Trachea; founded on the essay to which was adjudged the Jacksonian prize, for 1835. By Frederick Ryland, Surgeon to the Town Infirmary, Birmingham. 8vo. pp. 338. London, 1837.

[2] Principles of the Theory and Practice of Medicine, including a third edition of the author's work upon diagnosis. By Marshall Hall, M. D., F. R. S., L. & E., Lecturer on the Theory and Practice of Medicine at the Webb Street School of Medicine; Member of the Société Médicale d'Observation of Paris; formerly Senior President of the Royal Medical Society of Edinburgh, and Physician to the General and St. Mary's Hospitals, Nottingham. 8vo, pp. 503.

[3] Miscellaneous Thoughts on Men, Manners, and Things. By Anthony Grumbler, of Grumbleton Hall, Esq., (with a motto.) 12mo, pp. 374. Baltimore, 1837.

"THE MEDICAL PROFESSION.

"We could easily say many very civil and truthful things of the doctors; but this would be, what the lawyers call, a '*departure*,' for it must have been perceived by our readers, that we have not been in pursuit of the virtues, but mainly of the follies, incommodities, vulgarities, and vices of men, manners, and things! What boots it, moreover, to tell a man, or class of men, of their amenities, their clevernesses, their virtues; have they not already sufficient vanity, and are they not apt enough to set their amiable qualities, and goodly possessions in the highest possible relief? *Credo di si.* What, then, can now be said in brief words, and, of course, with strict adherence to truth, *against* many, (not all,) of the doctors! We opine, that they are sometimes too apt to make their calling a plea for an almost perpetual absence from church! They seldom say a kind word for each other! They are, of all critics, the most acrimonious in their reviews of each other's productions! They are instinct with the most inconvenient and refined etiquette, as to what they call professional deportment in respect to each other's patients! Their regard for rigid veracity sometimes suffers insensibly, from an over-nice and ill-judged, but still, well-meaning assentation to the wishes of their patients, and in tenderness to the feelings of their relatives! They too often neglect small complaints, when they attain to a high and prosperous practice! They are too fussy and pretending, when not in full practice! When very popular they are sometimes very presumptuous! They are generally too grandiloquent, and too garrulous in the sick-room, loving the gossip of the town, and forgetting, as Menander of old justly observed,

'A prating doctor is a new disease unto the sick.'

They read too little, after they have attained a goodly share of practice! They generally charge too little for their services, and sometimes *under-bid* their professional brethren! They often pay too little attention to *dietetics*, and are apt to estimate too lightly the *valetudinary* state! They are too much given to systems and theories, failing to consider their science (as it certainly is, of all others) the most strictly *inductive!* They are not sufficiently posted up in the modern and current history of their science; or, what my Lord Bacon calls the *narrationes medicinales*, and to the neglect of which, in his time, he attributed the slow progress of physic! They practise too much upon the maxim of Bolingbroke, that whilst *plain truth* may influence half a score of men, *mystery* will lead millions by the nose! They seldom know how to cast off, even for an occasion, their professional identity—their 'exoteric trappings'—and cannot lay them aside, as the Lord Treasurer Burleigh used to cast off his cares of state, when he put off his outer garments, saying as he laid down his gown, 'Lie there, Lord Treasurer.' In fine, as a genus, as an order, as a species, as a variety, however strongly marked they may be with many very clever qualities of head and heart, they still are doctors!

"It hath been said, with perhaps more wit than justice, that all orders of men hate whatever tends to diminish the characteristic features of their profession. Hence it is supposed that lawyers adhere to the letter of the law, and hate equity; that divines undervalue morality because so liable to be substituted for religion; that apothecaries hate quacks, because their medicines are panaceas; that physicians hate regimen when opposed to medicine; that the physician, surgeon, and apothecary agree well enough when kept asunder, but that when they attempt (as did Master George Thompson, after the great plague of 1665) 'to make *unity* of that which was then a *trinity*,' they were all hissing at each other like so many serpents, and have so continued ever since, wherever the professions are thus united, or attempted to be; that the empirical practitioners hate the book-men, and they, in turn, detest the empirics, and so on. Certes it is, that there hath been, here and elsewhere, but little harmony among the sons of Esculapius, however denominated; and as little uniformity in practice, as well as in theory, as in any other science, art, or profession whatever. A certain Dr. Stevenson was for selecting, out of the whole materia medica, but eight officinals, and consigning all the rest to be poured into the streets! Dr. Morton, who introduced the use of bark, had to encounter a severe ordeal before he established its use. 'By this *short method*,' says he, 'of curing fevers, physicians lose opportunities of picking the pockets of their patients.' Lady Mary, when she introduced inoculation, encountered no little opposition. Jenner, also, when he struck out one of the foulest of diseases from the catalogue of human woes, was not without his enemies. James's powders, now near a century old, stemmed such a torrent of prejudice as had well nigh destroyed them and their inventor. Nay, if the history of medicine be looked into, it will be found that scarce any theory, any remedy, any prophylactic given to the world, was ever, in the first instance, fairly, and dispassionately examined by the profession; and this is so remarkably the case as to have induced Mr. Hobbs to say of Dr. Harvey, who discovered the circulation of the blood, that he was the 'only one that conquered *envy* in his life time, and saw his new doctrine established'—Harveius solus, quod sciam, doctrinam novam, superatâ invidiâ, vivens stabilivit. The quarrels, the abusive pamphlets, the severe criticisms, and hard speeches, that have marked the course of American physicians, during even our short and brilliant medical career, would fill many volumes; and whilst they are often very creditable to the head, are far from being so to the heart. They sully the reputation and just weight of a highly useful and learned profession; and inculcate very prejudicial doubts in the minds of young physicians, at the very commencement of their studious career."

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Dunglison's Medical Student.[1]

The present work—the author remarks in his preface—had its origin in the applications made to him for his opinions as to the best method of study for one about to enter upon professional life, as well as for one engaged in its prosecution. Not long ago, he received a letter from a young gentleman requesting such information, and asking his permission for promulgating it to the world. This was declined; but the proposition had some influence in producing the present observations on medical education. Parts of them likewise formed portions of an introductory, and of a valedictory, lecture, delivered to his class in November and February last, copies of which were formally solicited for publication, solicitations which he respectfully declined, wishing that they might appear before them in a more useful shape.

The whole of his observations apply to medicine as taught in this country. He has entered into no speculations as to what medical education ought to be. The work is intended simply as some guide to the medical student, who too frequently is totally uninformed as to the course he ought to pursue —not only when he commences to read upon his profession, but when he enters a medical college for the prosecution of his studies there.

Restricted as the subject of this volume may be regarded, it constitutes, in the medical institutions of some countries, the duties of a separate chair. In Berlin there are two professors, regularly occupied through the winter session in teaching it,—Hecker, one of the "Ordinary Professors," who teaches publicly "Encyclopædiam et Methodologiam Medicam," every Wednesday and Saturday, and Kranichfeld, one of the "Extraordinary Professors," who lectures on "Medical Methodology," every Tuesday and Thursday.[1]

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[1] The Medical Student; or Aids to the Study of Medicine, including a glossary of the terms of the science, and of the mode of prescribing; bibliographical notices of medical works; the regulations of different medical colleges of the Union, &c. &c. By Robley Dunglison, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, &c. &c. 8vo, pp. 323. Philadelphia, 1837.

In the bibliographical department, the author has been anxious to give the student a short account of several of the books in the English language—indigenous and imported—which are placed before him in the ordinary bookstores, or which he sees from time to time advertised in the catalogues.

The work treats in separate chapters of the preliminary education of the student—his medical education prior to attendance on lectures—medical education during the period of attendance on lectures—and medical education after graduation. The appendix contains the bibliography, with an account of the medical colleges of the United States.

The whole of the work, as the preface indicates, has been printed since the month of March; but it was not issued by the publishers in consequence of difficulties arising from the pressure of the times. Since that time changes unusually numerous have been made in various medical schools. These have been added at the end of the text, with a reference to the page in the body of the work in which the particular school is noticed.

Paris on Diet.[2]

An early edition of this work was reprinted in this country, (New York, 1828,) and although the present edition is affirmed to have been nearly rewritten, the author might have saved himself some portion of the trouble, inasmuch as the additions appear to us to be neither novel nor important. Dr. Paris is evidently, by no means, *à portée* with the condition of medical literature on this topic of hygiène; and, on the whole, we are disappointed with it.

Why is it, by the way, that, in every one of his works, he persists in writing Magendie's name Majendie; and who is Brochet (Brachet?) of Lyons? Such errors are scarcely to be expected in one whose whole tone indicates the medical purist.

Symonds',[3] *Carpenter's,*[4] *and Webster's*[5] *Orations.*

The titles of those addresses sufficiently indicate their objects. Dr. Symonds enters into a consideration of the objects of medical study; the

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[1] Index Lectionum, &c., referred to at page 241 of this number.—*Ed.*

[2] A Treatise on Diet: with a view to establish, on practical grounds, a system of rules for the prevention and cure of the diseases incident to a disordered state of the digestive functions. By J. A. Paris, M. D., F. R. S., Fellow of the Royal College of Physicians, &c. &c. (with a motto.) 5th edition; corrected, enlarged, and nearly rewritten. 8vo. pp. 414. Lond. 1837.

[3] Medical Study: an introductory address, delivered at the Bristol Medical School, on Saturday, October 1, 1836, at the opening of the winter session. By J. A. Symonds, M. D., Physician to the Bristol General Hospital, and Lecturer on the Theory and Practice of Medicine. 8vo. pp. 34. Bristol, 1836.

[4] Oration delivered before the members of the Royal Medical Society of Edinburgh, at the celebration of their centenary, February 17, 1837. By William B. Carpenter, Senior President of the Society; member of the Royal College of Surgeons, London; and President of the Royal Physical Society, Edinburgh; with an account of the other centenary proceedings, and a list of the members present. 8vo. pp. 36. Edinb. 1837.

[5] The address of the President of the British Medical Association, adopted at a general meeting of the profession, held at Exeter Hall, Jan. 19th, 1837; with a short account of the origin of the society, and a list of the officers and council. 8vo. pp. 29. Lond. 1837.

first and principal of which he properly states to be,—the attainment of that knowledge which will enable us to cure, relieve, and prevent disease. The *second*, which must be considered very subordinate to the former, but still of some importance, is a certain degree of general mental culture, appropriate to the medical character. The lecturer next indulges in some remarks on the methods of acquiring medical knowledge, of reading, attending lectures, and personal observation; and terminates with some comments on the spirit by which it is desirable to be animated in medical study. From the last portion we make the following extract:

> "Our emotions, to a certain extent, are in our own power; and there is one which I would earnestly urge you to cultivate: I mean a profound *respect* for your profession. Without it you cannot long be successful. Even charlatans, who have begun with a belief in the absurdity of their pretended arts, have nourished a respect for them, from finding, that when most deceived themselves they have been most successful in deceiving others. If this obtains where the system itself is false, how much more likely is it to hold good, when there is a real ground for conviction. How to acquire a feeling of reverence, if you are not already possessed of it, I think it can only be necessary to consider what order of minds have been diligently engaged in medical pursuits, from the earliest periods; and to observe the actual dominion which has been achieved over maladies, once the plagues of the human race, and the increased value of human life, under the improvements of our art, and I will add, that the pure and lofty aims of our profession, even if it had accomplished nothing, would *alone* offer sufficient demands on our veneration. Give no ear, then, to the idle taunts of those out of the profession; and if you find any among its ranks who dare to speak slightingly of its deeds, or doubtfully of its powers, you may safely set them down as persons who have not yet learned to avail themselves of its resources, or who have failed in their endeavours; men driven by disappointment into disaffection. Not to expect success in the treatment of disease, is probably the surest way of not obtaining it."—p. 29.

The "oration" of Dr. Carpenter is confined to a eulogium on the respectable society of which he is the senior president, and in the list of whose members there have been many distinguished physicians of this country.

The address of Dr. Webster is more interesting to his countrymen than to us, as its main scope is medical reform. The British Medical Association consists of medical general practitioners (surgeon apothecaries) of England and Wales, and its objects are to excite and cherish kindly and honourable feelings towards each other, and to guard, watch over, and protect the rights, privileges, interests, and respectability of the profession.

On the Stillborn.—Since the last number but one of our journal was published, we have received recent English Medical periodicals, in one of which[1] we observe an article on the "Statistics of Stillborn Children," in which the writer gives the proportion in Bohemia, Lower Austria, Presburg, Innsbrück, Geneva City, Paris, Marseilles, Prussia, and in the Lying-in-Charity of Guy's Hospital, London. The general results are strikingly akin to those at which we arrived from other estimates.[2] Some of the results, it is true, differ very widely; but with the exception of Bohemia, the ratio of which is given as 1 in 63, and Lower Austria, as 1 in 41, both of which are derived from *one annual result only*, and ought therefore to be excluded, the mean shows that *one child in twenty* is stillborn. This result was deduced, at the lowest computation, from nearly *eight millions* of births.

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[1] British and Foreign Medical Review, No. 7, for July, 1837. p. 234.

[2] "Intelligencer," No. 11, for September 1, p. 204.

The same general difference as to the sexes, and the proportion of illegitimates to legitimates, were also observed as in our enquiries.

The editors very properly remark, that the subject of the statistics of the stillborn is important in relation to infanticide. "When, in a doubtful case, a medical jurist attempts to estimate the probability of a child having come into the world living or dead, he assuredly ought to be prepared with a knowledge of the results which have been derived from statistical enquiries relative to live and still birth. If this kind of knowledge answer no other purpose, it must have the effect of rendering him cautious in the expression of an opinion. The subject, however, is not without interest to the general practitioner in numerous other points of view."

University of Maryland.—We observe the following notice in the "Baltimore Patriot," of the 23d inst., which it is desired may be copied into the papers throughout the state and the neighbouring states.

> "We are requested to state that the Council of the Regents of the University of Maryland, under the charters of 1807 and 1812, have given it as their opinion, that the act of the state legislature of 1825, under which the trustees have acted since that year, is null and void, since it is contrary to the constitution of the United States, and for other reasons not necessary now to mention. Under these opinions, the professors have determined to deliver their usual course of medical lectures."

This opinion must open a wide field for litigation. How is it then with those professors who have been appointed since 1825? Have they authority to lecture? And again, is every act of every faculty since 1825 also "null and void?" If such be the case, it is a fearful one, and involves multitudinous difficulties and inconveniences.

Since writing the above, we have seen an advertisement signed by Dr. R. W. Hall, as Dean of the Faculty, stating, that "under the sanction of the Regents of the University of Maryland, acting by virtue of their perpetual charter of 1812, sustained by the opinion of eminent counsel, the Faculty of Physic will commence their lectures for the term 1837–8, on the last Monday of October next." The faculty is composed of the following gentlemen:—Nathaniel Potter, M. D., Professor of the Theory and Practice of Medicine; R. W. Hall, M. D., Professor of Obstetrics, Hygiène, and Medical Jurisprudence; Nathan R. Smith, M. D., Professor of Anatomy and Surgery; and Samuel G. Baker, M. D., Professor of Materia Medica and Therapeutics. The chair of chemistry was not filled (Sept. 26), but it is stated that it would be so in a few days.

So that there are now two separate faculties claiming to be the "Faculty of Physic of the University of Maryland!"

How is this to end?

University College, London.—Dr. Graham, of Glasgow, late Professor of the Andersonian University in that city, has been appointed Professor of Chemistry in University College (London University), in place of Dr. E. Turner, deceased.

Professor Broussais.

The following extract from a comparison between French, English, and German medicine, by an intelligent German—Dr. A. Mühry—deduced from observations made during his travels in these countries in the year 1835,[1] is confirmatory of what we constantly hear regarding the decadency of M. Broussais as a teacher of medicine.

> "The high estimation in which Broussais has been held is well known. At this time it is by no means so great. When we see him in the great auditorium of the *Ecole de Médecine* sitting in the chair, in a black mantle, in the red cap of the faculty, and with his blue glasses, his eyes directed to one spot, becoming more and more excited the more he speaks of irritation, and calling to his hearers, who only fill the first benches, "Pour quoi donc, jeunesse, ne se trouve personne entre vous avec assez de bon sens pour s'opposer contre cette opinion de symptômes généraux, afin que la science marche, marche!'[2] we see that in this lay his early fascination. During his lecture, new auditors enter from above and below, and take their places, until the whole amphitheatre is filled. This is not owing to their zeal for Broussais, but to secure themselves seats for the lecture on internal pathology which Andral delivers an hour later."—p. 61.

Alluding to the subject in a letter to one of his friends, Professor Parker, of the medical department of the Cincinnati College, says:—

> "The amphitheatre [of the *Ecole de Médecine*] will hold from fifteen to eighteen hundred. I have seen it at the lecture of Dumeril or Broussais, with only fifty; while at Cruveilhier's, Andral's, Orfila's, or Marjolin's, you will find the amphitheatre crowded to overflowing."

College of Physicians and Surgeons, New York.—We observe by the Circular for 1837—8, that Dr. Alexander H. Stevens, lately Professor of the Principles and Practice of Surgery in this institution, has been appointed Professor of Clinical Surgery, to lecture at the New York Hospital; and that Dr. Amariah Brigham is appointed Lecturer on Special Anatomy; Professor Rhinelander giving the lectures on general, surgical, and pathological anatomy.

Cholera in Italy.—It is affirmed that the number of persons attacked with cholera in the Lombardo-Venetian states, during the past year, was 100,000, of whom 55,000 died.[3]

Medical School of Harvard University.—We observe, by the published advertisement of lectures, that Professor J. C. Warren, who is now in Europe, will not return this winter, and that Dr. Edward Reynolds has been appointed Lecturer on Anatomy to supply his place.

Professor Hayward will deliver the lectures on operative surgery.

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[1] Darstellung und Ansichten zur Vergleichung der Medicin in Frankreich, England und Deutschland. Nach einer Reise in diesen Ländern in Janre 1835, von Dr. Adolph Mühry, practisshem Arzte und Wundarzte in Hannover. Hannover, 1836.

[2] "Why then, young men, can no one be found amongst you with good sense enough to resist the opinion of general symptoms, so that science may march, march!"

[3] Zeitschrift für die gesammte Medicin. Mai, 1837, s. 160.

Medical Schools of Philadelphia.—We extract the following remarks, on the University of Pennsylvania and the Jefferson Medical College, from two of our respected cotemporaries. Of the former institution, the editor of the "Select Medical Library"[1] thus expresses himself,—"Without instituting comparisons, which might seem to be invidious, we would merely content ourselves with saying, that in no past time was the medical department of our Alma Mater, the University of Pennsylvania, more efficiently organised with reference to all the means and appliances of instruction." Of the latter, the Jefferson Medical College, the editor of the "Boston Medical and Surgical Journal"[2] thus speaks,—"A prospectus of the ensuing lecture term, commencing the first Monday in November, together with a catalogue of the late graduates, has just come to hand. It is a perfect mystery to us whence and how such a phalanx of students is collected. That it is an energetic institution, no one will pretend to question. Each ticket, that is the fee to each professor, is fifteen dollars. All the hospitals in Philadelphia are open alike to the two schools. Every preparation seems to have been made to give an elevated course of lectures in the ensuing season. Dr. Pattison, of the anatomical chair, is now in Europe, but is expected home in ample season to give his personal attendance in his particular department."[3]

Taste of Sulphate of Quinine.—Mr. Sherwin, of Hull,[4] asserts that a piece of apple, chewed for a moment, will immediately annihilate the bitter taste left by the sulphate of quinine.

Cement for Carious Teeth.—It appears that M. Taveau, a scientific surgeon-dentist of Paris, has discovered a cement well adapted for plugging carious teeth.[5] It is composed of the anhydrous supersulphate of alumina, and the alcoholic and ethereal extract of the pistacia lentiscus (mastich tree), of Chio. The good effects of this cement M. Taveau has had numerous opportunities for testing. He thinks "it may act chemically on the caries, destroy it, or at least arrest its progress in an indefinite manner."

NECROLOGY.

M. Murat.—This gentleman, who was Surgeon-in-Chief to the Hôpital de Bicêtre, died in Paris on the 10th of April. He was born at Isseps, a village in the department of Lot, where his father was a physician. After having been for some time in the army, he settled in Paris, and was appointed Second Surgeon to Bicêtre in the year 1800, and the year after to La Salpetrière. In 1816, he was appointed Surgeon-in-Chief to Bicêtre. In 1820, he was elected into the *Académie Royale de Médecine*, and was afterwards made Member of the Legion of Honour, and Professor *agrégé* to the Faculty of Medicine. He published several articles in the great "Dictionnaire des Sciences Médicales; and fifty-four articles in the "Dictionnaire de Médecine, amongst the chief of which are *Embaument*, *Epanchement*, *Fissure*, *Hernie*, *Hydrocele*, *Lithotomie*, *Néphrotomie*, and *Staphyloraphie*.

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[1] No. 11, September, 1837, p. 393.

[2] No. 5, for September 6, 1837, p. 82.

[3] Dr. Pattison, we learn, was to sail from Liverpool on the 1st of September in the packet ship England, so that he is probably, by this time, in the country.—*Ed.*

[4] London Medical Gazette, for April 1st, 1837.

[5] La Lancette Française, No 50, April 27, 1837.

BOOKS RECEIVED.

From the Author.—A Summary of Meteorological Observations, made during the months of April, May, and June, 1837, in the city of Lexington, Ky. By Robert Peter, M. D., &c. pp. 4.

From Professor Caldwell, of Louisville.—Circular Address of the President and Faculty of the Louisville Medical Institute.

From Prof. T. R. Beck.—Annual Address delivered before the Albany Institute, April 28th, 1837. By Matthew Henry Webster, A. M. Printed by order of the institute. 8vo, pp. 24. Albany, 1837.

(An appropriate and sensible address.)

From Mr. Hazard, the Editor.—Hazard's Register of Pennsylvania, for Feb. 9, 1833, containing an interesting account of blind persons in the United States and Pennsylvania.

From the Rev. S. Wood, of London.—Report of the North London Hospital (now University College Hospital), and of the course of lectures, &c. in University College (London University), for 1837–8.

Circular of the College of Physicians and Surgeons of New York, for the year 1837–8.

From Dr. Forbes, editor of the British and Foreign Medical Review.—Medical Study; an introductory address delivered at the Bristol Medical School on Saturday, Oct. 1, 1836, at the opening of the winter session. By J. A. Symonds, M. D., Physician to the Bristol General Hospital, &c. 8vo. Bristol, 1836.

From the same.—Oration delivered before the Members of the Royal Medical Society of Edinburgh, at the celebration of their centenary, Feb. 17, 1837. By W. B. Carpenter, Senior President of the Society, &c. &c. 8vo. Edinburgh, 1837.

From the same.—The Address of the President of the British Medical Association, adopted at a general meeting of the profession, held at Exeter Hall, Jan. 19, 1837, with a short account of the origin of the society, &c. 8vo. London, 1837.

The Medical Student, or Aids to the Study of Medicine; including a glossary of the terms of the science, and of the mode of prescribing,—bibliographical notices of medical works; the regulations of different medical colleges of the Union, &c. &c. By Robley Dunglison, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, &c. &c. 8vo. Philadelphia, 1837.

A Treatise on the Diseases and Injuries of the Larynx and Trachea; founded on the essay to which was adjudged the Jacksonian prize for 1835. By Frederick Ryland, Surgeon to the Town Infirmary, Birmingham. 8vo. London, 1837.

Principles of the Theory and Practice of Medicine, including a third edition of the author's work upon Diagnosis. By Marshall Hall, M. D., F. R. S., L & E., &c. 8vo, pp. 503. London, 1837.

A Treatise on Diet; with a view to establish on practical grounds a system of rules for the prevention and cure of the diseases incident to a disordered state of the digestive functions. By J. A. Paris, M. D., F. R. S., &c. 8vo, pp. 414. London, 1837.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. **October 16, 1837.** **No. 14.**

Art. I.—MODUS OPERANDI OF ASTRINGENTS—CAVARA ON THE USE OF TANNIN.[1]

It has been a question with therapeutists, whether astringents are capable of producing on the living fibre any of those effects which they are known to exert on the dead; and whether they must be received into the circulation before they can exert any beneficial agency—as astringents—on diseases of parts at a distance from the stomach. We have elsewhere said,[2]—"It is doubtful whether any direct agency on the nerves, as that advocated by Dr. Thomson, is exerted by astringents. It is more probable that the primary effect is upon the intimate tissues of organs, as astringents are capable of producing condensation and contraction in parts that are deprived of the vital influence; and although much has been said against the idea, that any thing like tanning can be effected upon the living tissues by the operation of this class of medicinal agents, the explanation does not appear to me as wide of the mark as it has been conceived by many. The vital influence prevents the precise chemical changes from being effected—the requisite union of the gelatine of the skin, for example, with the tannin of oak bark—but it does not prevent the condensation and corrugation of tissue; something similar to which is produced in the dead fibre, and in vegetables,—organised bodies that are devoid of nerves." And again,—"Another mode in which astringents may act, in certain cases, is by passing into the mass of blood, and increasing the tendency to coagulation of that fluid. It is manifest, that in all increased discharges, which occur from parts that can only be reached through the medium of the circulation, no signal advantage can be expected from the administration of astringents; on the other hand, where they can come into immediate contact with the seat of the disease, they may be implicitly relied upon, so far as their properties will permit. Accordingly in hæmatemesis and epistaxis, and in chronic diarrhœa and dysentery, their action is more marked than in hæmoptysis, in immoderate flow of the menses, or in leucorrhœa; inasmuch as when taken internally, they can only act on the lungs, uterus, or vagina, either by the impression they make on the general system, through the nerves of the stomach, or by being taken into the circulation."[3]

These views of the *modus agendi* of astringents are confirmed by the experiments of M. Cavara on the action of tannin on the inert and living tissues,—sound and morbid.

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[1] Bulletin de l'Académie Royale de Médecine, Janvier, 1837.

[2] General Therapeutics, p. 173. Philadelphia, 1836.

[3] Op. citat., p. 175.

"Without pronouncing at this moment," he remarks, "for one or other of the opinions, which endeavour to explain the mode in which tannin acts in the tanning of hides—whether by forming an insoluble compound of gelatine and tannin, as some affirm, or an insoluble compound of tannin and skin as others assert, I shall confine myself to the admission that the impermeability of hides is to be accounted for by an insoluble product, and to demonstrating that this impermeability, which is the result of a simple phenomenon of affinity, is nothing more than a *chemico-mechanical state*, *in which the leather presents a porosity occupying a less space than the atoms of water.*

"This fact being established as to tissues deprived of life, I was desirous of discovering whether the effects of tannin placed in contact with the living tissues were subjected to different laws, and whether they presented any thing but a simple phenomenon of contraction analogous to, or identical with, that of the other tissues. With this view, I have made numerous experiments on dogs, cats, and on myself; and it has not been, I confess, without some satisfaction that I have acquired the proof that it is useless—in this case at least—to invoke the law of vitality for the explanation of a phenomenon at once simple, general, and always identical.

"Thus in my view, tannin, put in contact with certain parts of the living economy, exerts upon them the same chemico-mechanical action which it does on an inert organic tissue—or, in other words, it tans them as it tans leather. These parts are the mucous membranes of the urethra, vagina, intestines, and lungs. The action of tannin appears to cause such a condensation or contraction in them, that the glands with which they are studded no longer afford passage for the mucus which they secrete."

M. Cavara asserts, that he has proved these positions by numerous experiments and demonstrations. When tannin is taken internally its immediate effect is constipation, by arresting the secretion from the mucous membrane. "When it has reached the stomach, pure tannin is absorbed and carried into the current of the circulation. The proof of this is, that there exists between this organ and the vagina, the urethra and lungs, no communication except through the circulatory system, and that consequently the tannin must be absorbed to cure leucorrhœa, gonorrhœa, and the most obstinate chronic catarrhs, as I have often had an opportunity of observing."

M. Cavara concludes that of all the effects of tannin, two of the most surprising are,—the cures operated by it in cases of the most obstinate nervous coughs, and the excellent action it exerts in phthisis. Further experiments are, however, requisite before these last points can be conceded. From our knowledge of the properties of tannin, it is not easy to see how it or any other astringent can be of much service in the latter malady.

Art. II.—MEDICAL TOPOGRAPHY—No. 5.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 239.)

Intermittent Neuralgiæ.

Neuralgic affections have of late years engaged much of the attention of some enlightened members of our profession. The veil of obscurity which covers their pathology has been in part raised by Sir Benjamin Brodie:[1] the field of observation is however almost unexplored. Our information on intermittent pains is scattered among the pages of diurnal and perishing publications,—whilst the valuable work of McCulloch, on malaria, which embodies so many facts in regard to "masked agues," is possessed by too few of our fraternity.

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[1] "Lectures Illustrative of Certain Local Nervous Affections, by Sir Benjamin Brodie, Bart., F. R. S., Sergeant Surgeon to the King and Surgeon to St. George's Hospital." First American edition, in the "American Medical Library."

Periodical affections, not strictly febrile, are frequently met with in the Arkansas country. I have there treated cases of intermittent frontal, facial, digital, and articular (particularly genal) neuralgia, cephalalgia, odontalgia, otalgia, gastralgia, hepatalgia, hysteralgia, and pneumonalgia. This last form of affection has, I believe, not yet been noticed by medical writers. I have seen several cases of it simulating so nearly inflammation of the lungs, as to have been treated for it by practitioners with nearly fatal results. I conceive a knowledge of this form of malady of so much importance that I shall devote a future number entirely to its pathology and treatment.

Neuralgia depending upon the influence of malaria, I believe, may be readily distinguished from that originating in a morbid alteration of the brain or nervous centres—the generation of osseous or other tumours at the origins or along the courses of the nerves, or an accidental hyperæmic condition of their envelopes, &c. That from wounds or other injuries is self-apparent. In tic douloureux depending upon malaria as a cause, the paroxysms are (in every case I have seen) generally periodical—passing off in a few hours: whilst in those cases depending upon organic change, the pain is mostly constant, remitting, or in fits of long duration. We have treated cases of the quotidian, tertian, and quartan type; but have never yet encountered a quintan—though we have met with duplications of the other types, especially of the tertian.

A majority of the intermittent neuralgiæ that have come under our observation were consequent upon remittent or intermittent fever: yet, we have seen several that were *idiopathic*, unpreceded by any paroxysms of febrile disorder. In those cases, sequences of fever, we have had the attack usually ushered in by slight creeping chills—the neuralgic pains taking the place of the "hot stage,"—followed by perspiration, while in such as were unpreceded by remissions or intermissions of fever, we have had the pains come on without any premonitions whatever, and go off without any appreciable crisis;—the unsuspecting individual being seized with agonising, quick shooting, or deep-seated burning or gnawing pain in some circumscribed part, when apparently in good health.

Where the disease has been confined to the brain or to certain nervous trunks or filaments, as to the frontal and facial branches of the fifth pair, or digital of the median or ulnar, the pain has generally been *quick*, *sharp*, *shooting;* whilst in those cases in which the organs were attacked, as the liver, *spleen*, or stomach, it has been more of a *dull*, *gnawing*, or *burning* character.[1] Yet sometimes we have had it *lancinating*, especially when the focus of irritation was concentrated in the organs of reproduction. When the disease manifested itself in the supra-orbital nerve we have had contraction of the pupil in some persons; and in nearly all sanguineous suffusion of the conjunctiva, with intolerance of light and profuse lachrymation, amounting in a few to complete *coryza*. In these cases wherein the infra-orbital or facial twigs of the inferior maxillary were implicated, we have frequently observed muscular twitchings, but never continued spasm,—as we have seen in the digital. Tumefaction of the affected parts was seldom noticed in our cases of neuralgic affection of the face and fingers; but it was a common, though not constant, attendant on that of the joints. In one case particularly, of the articular form, we had the knee of one leg and the ankle of the other swollen and red as in rheumatism,[2] but not so painful on pressure as in that affection. This swelling and redness would intermit in a great degree with the nervous symptoms. In all the cases of hepatalgia, there was more or less engorgement of the liver and functional derangement. In hysteralgia, nervous twitchings of the fore-arms and fingers with spasmodic respiration and mental disorder were common.[1] Odontalgia without any appreciable lesion of the dental structure whatever, and generally confined to a single tooth, was noticed: yet where a tooth was carious the disease selected it *par préférence.*

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[1] May this not depend upon the difference in the nerves affected? Being one of the cerebro-spinal system in one, and probably of organic life or sympathetic in the other.

[2] In a sergeant of dragoons of scrofulous habit.

There was but little disorder of the general system in our cases of intermittent neuralgia, except in those wherein the joints or organs were the *foci* of irritation. In these we had sometimes gastric distress, with white furred tongue and other indications of febrile excitement.

Treatment.—In those cases of frontal, facial, dental, aural and digital neuralgia, in which there was little or no appreciable disturbance of the general economy, we gave in the *interim*, between the times of the attacks, two grains of the sulphate, or quarter of a grain of the *arseniate* of quinine in pills every two hours—with from six to twelve grains of the sulphate or one grain of the arseniate at the period of time next that of the expected paroxysm —always with the effect to prevent a recurrence. The same plan was pursued until the terms of two or three paroxysms had been passed over, when a pill of two grains sulphate or phosphate of quinine, or of arseniate of quinine and piperine,[2] or six to eight drops of Fowler's solution, twice or thrice a day for a week or ten days, concluded the treatment. If we were called to a patient during the paroxysm, and found him agonising under the pain and no general disorder present, we directed a full *opiate*, a warm pediluvium, and applied an opiated cataplasm to the affected part, which generally gave great relief. In those cases preceded by the premonitory signs of fever we premised mercurial purgatives, as directed in intermittent fever, before commencing with tonics.

Intermittent cephalalgia was treated in the *interim* as if it were a simple intermittent fever. But to prevent the cephalalgia during a paroxysm from being converted into a cephalitis we strictly enjoined the continued use of *warm* sinapised pediluvia, and *cold* applications to the head; and in one instance made a revulsive bleeding, with the effect to shorten the paroxysm and render the continued use of tonics unnecessary.

In the *articular* form, if there were no inturgescence, the treatment was usually the same as laid down for the cure of that affecting the nerves of the head or face. Where the joints were swollen and red (intermittent rheumatism) a saline purge was given, topical bleeding had recourse to, followed by the application of emollient or opiated cataplasms—succeeded, so soon as all signs of inflammatory action had abated, by frictions with stramonium or belladonna ointment, and methodical bandaging with flannel rollers. We found good effects resulting from the use of the green leaves of the datura steeped in boiling water and applied warm to the affected joint —it is a popular manner of using the plant in rheumatic swellings, and I think well of it. When the redness and swelling had disappeared, the tonic treatment was then commenced and carried out.

In cases of hepatalgia, with engorgement of the liver, we cupped in some cases, and applied emollient poultices: but found more benefit from a pitch plaster, sprinkled lightly with tartar emetic, worn till pustulation was produced. We gave pills of blue mass, extract of dandelion, of colocynth, and rhubarb,[3] at intervals until a slight mercurial effect manifested itself—with injections of warm water occasionally to carry off the morbid secretions, or a laxative confection to effect the same object. Frequent general warm saline bathing, and the nightly use of the nitro-muriatic or chlorine foot bath were enjoined. Under this treatment, preparatory to the exhibition of tonics, the liver, if the engorgement were recent, resumed its natural size and functions, and in chronic cases was much reduced in dimensions and performed its offices afterwards healthfully. So soon as the liver returned to its natural size, or commenced to perform its functions properly—the exhibition of tonics was begun and carried through with. Here, however, the preparations of arsenic were deemed inadmissible from their known tendency to produce tumescence in parenchymatous organs.

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[1] In two cases of this disorder treated at Fort Jackson, below New Orleans, on the Mississippi River, we had hysterical mania in its most frightful form—in one case complicated with dysmenorrhœa.

[2] R. Quiniæ arseniat. gr. v.
Piperinæ gr. x.
Ol. Caryophyllor. gtt. ii.
Micæ panis q. s.
M. et f. Mass. in pil. xx. dividenda.

[3] Vide prescription in note to No. 2 of this series.

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The treatment of intermittent gastralgia and hysteralgia we defer to the next number.

ART. III.—VULGAR ERRORS IN MEDICINE.

BY THE EDITOR.

(Continued from page 220.)

No. 3.—*The Cooling Regimen.*

Not many ages have elapsed since, in the treatment of all febrile affections, it was generally esteemed most improper to adopt a cooling system of treatment. Fever was presumed to be owing to some morbific matter in the bloodvessels, which required to be "concocted" or maturated, before it could be expelled from the body; and as heat was found to be necessary for the concocting or modification of matters out of the body, it was conceived that such concoction in the pathological conditions referred to might be promoted by the application of warmth externally as well as internally, or by the adoption of what was termed the heating regimen. Every effort was accordingly made to induce sweating, by which, it was thought, the "peccant" humor might be evacuated; and hence the establishment of copious diaphoresis came to be regarded "critical." The idea of critical evacuations still exists, but not in the shape it assumed at those times. Diaphoresis is yet esteemed a favourable sign in most febrile and inflammatory affections, because it indicates that the pathological cause of the heat and dryness of the surface—symptomatic of a concentration of the vital activity towards some internal organ of the economy—has begun to diminish, or may have wholly ceased. It is not long since the heating plan of treatment was abandoned in certain cases which can scarcely be regarded as pathological, but in which pathological results were frequently induced by its adoption. It was once the universal custom (and in our time, which does not reach very far back, we have seen examples of it) to load the parturient female after delivery with bed-clothes; to feed her with possets and caudles;[1] and, when she first rose from the bed, to place her before the fire, and envelope her with blankets—under the vague notion, that there is a predisposition to sickness at this time, and that such predisposition is dependent upon some peccant matter, which requires to be *concocted* and thrown out by the cutaneous exhalants.

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[1] Jacob. Primeros. de Vulgi Erroribus, &c. Lib. iii., cap. 14. Amotelod. 1639.

Reflecting minds began, however, to doubt whether this system of management was well adapted for the cases in question, notwithstanding that it was affirmed, as in all similar cases, to be sanctioned by positive *experience*, and to be better adapted than any other mode of treatment, although no other mode had probably been tried by those who inculcated it; but it was not until the time of Sydenham, that any great innovation was introduced in the treatment of febrile and inflammatory diseases. That great observer determined to examine for himself, and not to be guided by the dicta of his predecessors and contemporaries, but to adopt that system which rational enquiry suggested. In spite of all assertions regarding the dangers of adopting the cooling regimen, he unhesitatingly had recourse to it,—upon the principle that where the organic actions are elevated, and the temperature of the system increased, and where cold is instinctively and anxiously demanded, the true plan of management must be, to *temper* the morbid heat, and reduce the over-excitement, by the admission of cool air, and the appropriate use of cooling drinks. No greater improvement has been made in the therapeutics of internal diseases than this; the mortality from febrile affections has been largely diminished, and one disease that was wont to figure prominently in our nosological catalogues—the miliary fever—has almost disappeared from our observation. This disease was formerly extremely common in the childbed state; and that it was induced by the erethism of the cutaneous surface occasioned by the prevalent heating plan, to which allusion has been made, is satisfactorily shown by the fact, that we now rarely see it;—never, indeed, except where that plan has been adopted.

To what a privation must the febrile have been subjected, when, tormented with thirst, and parched with febrile heat, the access of every internal and external refrigerant was assiduously denied them! Every rational practitioner of the present day admits, that, of all internal refrigerants, cold water—ice cold—is the most effectual; yet occasionally, amongst the uninformed, we meet with apprehensions on this score—the relics of ancient belief—and with those who are afraid to employ cold as freely as it is advised by the practitioner. Especially do they dread the use of very cold fluids after calomel has been administered. This notion appears to have arisen from the fact, that when the system has been in the very impressible state produced by mercury, given to such an extent as to occasion its peculiar effects, irregular action has been caused by exposure to cold; and hence it has been inferred, that a similar result might ensue on the application of a cold fluid to the lining membrane of the stomach, after even a single dose of a mercurial has been taken. It may be laid down as a rule—and a rule founded on no little experience—that whenever the skin is steadily hot and dry, cold water, and the whole cooling regimen, may be safely and beneficially administered internally, whether mercury has been given or not. This we affirm is the result of experience; but even were there any doubt on the subject, we should say that, in the large mass of febrile affections, if the question should arise whether the mercury or the ice water should be abandoned, we should not hesitate to adhere to the latter and eschew the former. Cold water has been often termed the *febrifugum magnum*, and it is not unworthy of the title.

Art. IV.—VELPEAU ON IODINE INJECTIONS IN HYDROCELE.

In a former number of this journal[1] we described the result of M. Velpeau's experience of iodine injections in cases of hydrocele. More recently[2] he has furnished the profession with the statistics of sixty cases of hydrocele. In respect to age, there occurred in those

from 15	to 20 years,	3
20	30	13
30	40	11
40	50	16
50	60	10
60	70	6
70	80	1
		60

In 53 individuals the hydrocele was chronic, and in 43 it was on one side.

On the left	30 times
On the right	9
Side not indicated	4
On both sides	10
	53

The operation was performed 63 times on these patients, viz.:—

By incision	1
By threads or small setons	2
By compression	1
By vinous injection	27
By iodine injection	31

With vinous injection, gangrene supervened 5 times; suppuration twice; and the treatment failed once.

The mean duration of the treatment by this plan was 36 days comprising accidents.

With the iodine injection there was neither gangrene, suppuration, nor any accident. The treatment had to be resumed in one case, and the cure remained incomplete in another. The mean duration of the treatment was fourteen days. "We may conclude from these facts," says M. Velpeau, "that the iodine injection must be preferred to the vinous injection in the treatment of hydrocele, and that the cure is not less solid after the former of these methods than after the latter. Since this work has been in press, I have seven times employed the same remedy in the disease, and the cure has been accomplished, in every case, in from eight to fifteen days. For myself, this is a question settled. Forty cases of success without a single unpleasant symptom seem to me sufficient to resolve definitively such a simple therapeutical question."

Art. V.—CAN THE FŒTUS RESPIRE IN UTERO?

This is an interesting physiological and medico-legal question; especially in connection with the ulterior enquiry.—May not the fœtus die, and yet its respiratory apparatus present the same characters as that of a child which has lived after birth?

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[1] Intelligencer for July 15th, 1837, p. 138.

[2] La Presse Médicale, Mai, 1837.

M. Lados[1] has recently attracted the attention of the *Société de Médecine*, of Gand, to this point, in consequence of the following case which fell under his notice.

A woman, aged twenty-four years, eight months gone with child, was suddenly attacked with pain, on the 21st of January; the membranes gave way, and there was a very copious discharge of the liquor amnii. The pains recurred at intervals on the 21st and 22d, and on the morning of the 23d, when she awoke, she felt the hand of the child protruding through her sexual organs. Devoid of all assistance, she was obliged to wait in this condition till the following night, when the efforts of nature succeeded in expelling a stillborn infant.

These facts were stated juridically on the deposition of the mother, and on the declarations of two women who were present during her labour, and at the time of delivery, and who did not insufflate the lungs or tie the cord in consequence of signs of putrefaction in the body of the infant.

An examination of the child exhibited the following particulars. 1. It was proved that it was not beyond eight months. 2. The right arm from the shoulder to the extremities of the fingers was much swollen and of a blackish colour: in this it contrasted with the arm of the opposite side which was much emaciated. The cause of the tumefaction was an infiltration of blackish blood in the sub-cutaneous and intermuscular cellular tissue. 3. Putrefaction was tolerably advanced, as evidenced by the maceration of the skin, and the facility with which the epidermis could be detached. 4. There was nothing remarkable as respects the head, except an engorgement of the hairy scalp, such as is observed in infants which have rested for some time in the pelvis: it was caused by a reddish serous fluid similar to currant jelly. 5. In the thorax, all the organs of which were examined with the greatest care, the docimasia pulmonalis, instituted with the minutest accuracy prescribed in the treatises on legal medicine, established, from the presence of a large quantity of air in the right lung, and in the upper lobe of the left, that respiration had been almost completely effected. 6. The stomach, the bladder, and the rectum, were found empty and without alteration.

The chief conclusions of the author are,—that the fœtus was living at the time of the rupture of the membranes; that it had respired in the womb, and died before its expulsion from the uterus. We presume that M. Lados took pains to examine whether the air in the lung might not have been the product of putrefaction.

Art. VI.—DEATHS FROM CHILD-BIRTH.

M. Quetelet has made some statistical enquiries on this subject, in the work of which we gave a bibliographical notice in a late number of the "Intelligencer."[2] According to Willan, the mortality in the large maternity hospital in London, where nearly 5000 females were annually admitted, was as follows:—

		For the mothers.	For the children.
From 1749 to	1758	1 in 42	1 in 15
1759	1768	1 50	1 20
1769	1778	1 55	1 42
1779	1788	1 60	1 44
1789	1798	1 288	1 77[3]

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[1] Bulletin Médical Belge, No. 6, Juin 1837, p. 100.

[2] Sur l'Homme, &c., I. 130, Paris, 1835. See Intelligencer, No. 10, for August 15, 1837, p. 195.

[3] Casper's Beitrage zur Medicinischen Statistik, u. s. w. Berlin, 1825; and Elements of Medical Statistics, by F. Bisset Hawkins, London, 1829.

Dr. Hawkins remarks, that the mortality in the same hospital was 1 in 70 in 1826; and he states, that in the Maternity Hospital of Dublin, from its foundation in 1757 to 1825, the mortality amongst the infants was 1 in 19; the stillborn 1 in 17; and amongst the mothers 1 in 89.

According to Tenon, the mortality in the Hôtel-Dieu, of Paris, at the end of the last century, was, amongst the mothers, 1 in 15; but in 1822 the mortality at the *Maternité* was not more than 1 in 30. At the same period, in the Maternity Hospital at Stockholm, the loss was nearly the same as at Paris, 1 in 29.

At Edinburgh, in the Lying-in-Hospital, during the years 1826, 1827, and 1828, the loss was only about 1 in 100.[1]

According to Casper, the mortality at Berlin amongst parturient females was as follows:[2]

From 1758	to 1763	1	in	95
1764	1774	1		82
1784	1794	1		141
1819	1822	1		152

"We observe here, also," says M. Quetelet [he had been previously speaking of the stillborn], "how much the mortality may vary according to the greater or less care paid to the infant and mother at the time of parturition. The greatest mortality which we have given was that of the Hôtel-Dieu of Paris, at the end of the last century, which was 1 in 15, for the mothers; whilst in London they had succeeded in reducing it to 1 in 288, making a mortality 19 times less."[3]

Since the period referred to by Messrs. Hawkins and Quetelet, the mortality in the Dublin Lying-in-Hospital has likewise diminished greatly. Thus, Dr. Collins states, that of 16,414 women delivered, 164 died, or in the proportion of 1 in 100; "and if," he observes, "from this number we deduct the deaths from puerperal fever, which may be considered *accidental*, the proportion becomes greatly diminished, viz., to 1 in 156 deliveries; and, again, if we subtract those deaths from causes *not the results* of childbirth, the mortality, from effects arising in consequence of *parturition*, is vastly reduced, viz., to 1 in 244."[4]

ART. VII.—ELECTROPUNCTURE IN PARALYSIS.[5]

A case of this kind is related as occurring in the *Hôpital de l'Ecole*, under the care of M. Cloquet. A man, aged fifty-two years, a maker of bedclothes by profession, was admitted for paralysis of the right arm. In one of the wars of the empire he had been struck on the elbow by a ball, for which amputation had been advised, but he refused to undergo it. He was cured, but the limb remained lame; the joint became anchylosed, but the hand preserved a great part of its movements, so that he was able to resume his occupation in a manufactory of bed covers, where he worked until within three weeks of the time of his entrance into the hospital. In presenting himself at the Clinique, he exhibited a complete paralysis of the right arm; so complete, that for three weeks he had been unable to make use of it. Voluntary motion and sensibility were entirely abolished; and, according to the patient, this occurred suddenly, without there being reason to refer the phenomena to any affection of the brain or spinal marrow.

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[1] Hawkins, op. citat.
[2] Beitrage, u. s. w., s. 180.
[3] Op. citat., I. 132.
[4] A Practical Treatise on Midwifery, &c., p. 366. London, 1835.
[5] La Lancette Française, December 20, 1831.

He was, in the first instance, subjected to the use of blisters and moxas in the course of the radial nerve, from which he obtained some advantage, but what succeeded best with him was electro-puncture along the course of the nerves from the shoulder to the hand. At first, the punctures were but little felt, but afterwards they were painful. The sensibility, mobility, and strength of the fingers and hand, gradually returned, and three months after his admission he left the hospital completely cured.

The reporter of the case refers to numerous cures of the same kind daily obtained by his *confrère*, M. Fabré Palaprat, "by means of his fine electro-galvanic apparatus."

Art. VIII.—CASE OF POLYPIFORM CONCRETION IN THE HEART.

BY R. F. VANVALZAH, OF MECKLENBERG, PA.

The following case of polypiform concretion in the heart is strikingly analogous to one we gave from the results of our own practice, in an early number of this journal.[1] There can be little doubt, we think, that the concretion was formed during life. The case is detailed by M. R. F. Vanvalzah, at this time a student of Jefferson Medical College, who has presented the preparation to the museum of the institution.

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Isaac Lynn, of Union county, Pa., aged sixty-nine, a labouring man, between twenty-five and thirty years since, was first affected with palpitation of the heart; at this early period, the paroxysm did not attack him oftener than once in three or four weeks, did not continue longer than ten or fifteen minutes at a time, nor incapacitate him from labour. In the course of about seven years from the commencement, both the frequency and duration of the fit increased, and although he still continued to work on the farm, he no longer went with a company, as in harvest or haying, but worked by himself, and whenever the paroxysm came on he sat down and rested till it was over. Active exercise did not appear to bring on the fit. The disease proceeded in this manner, gradually growing worse, until within three or four years of his death, at which time symptoms of phthisis appeared, and he soon became so weak as not to be able to work. On the accession of the paroxysm, he now complained of difficulty of breathing and a distressing sense of constriction across the thorax, the extremities became cold, and the fingers and toes of a purplish colour, with no pulsation in the arteries of the wrists or ankles. During the two last months the fit would sometimes last from thirty-six to forty-eight hours, or longer; at other times it would disappear in three hours or less; in the intervals he was easy and complained of no pain or uneasiness whatever. Six weeks before death, the bladder became paralysed, and the catheter was used till the last. He died on the 1st of July, 1837, in a paroxysm of the palpitation.

The thorax was opened eight hours after death. The right lung was found filled with tubercles, and adhesions had formed between the pleura costalis and pleura pulmonalis; the lung of the left side was healthy, and there were no adhesions between the pleuræ. The pericardium contained a considerable quantity of serum. An incision was now made into the great aorta, and continued down to the base of the left ventricle, which was found nearly filled with a polypus; it seemed to grow from, or to be attached to, the chordæ tendineæ, and extended into the aorta to the distance of ten inches. The right ventricle was found filled with the same kind of substance as the left, and the string or elongation which proceeded from it branched at the bifurcation of the pulmonary aorta, and a branch of it entered each pulmonary artery, but did not extend into them more than three inches. The heart was not thickened, larger than natural, or diseased in any other manner. The brain and viscera of the abdomen were not examined.

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[1] "Intelligencer," No. 7, for July 1, p. 125.

R. F. VANVALZAH.

Philadelphia, Oct. 5, 1837.

MEDICAL SCHOOLS OF PHILADELPHIA.

In our last number, we inserted the honourable testimony borne by the editor of the "Eclectic Journal of Medicine" to his "Alma Mater"—the University of Pennsylvania. In his number, recently issued,[1] he has indulged in some uncalled for remarks on Jefferson Medical College, calculated—not intended, we hope—to excite feelings which we trusted were gradually subsiding, and to unnecessarily provoke hostility. He speaks of the pains taken by the faculty of "Jefferson Medical College to disseminate through the Union the doings, intentions, and prospects of the institution;" and of their possessing, he believes, sufficient real strength to allow of their "refraining from a puerile vaunting about uncommon advantages and resources." We have carefully looked over the last "annual announcement"—for we presume the editor is not raking up old grievances—and searched in vain for any statement of "prospects," for any "vaunting" whatever, for any of the "buckram" creations that have flitted before his eyes. We regret, in addition to this, to observe a misapprehension, which the editor could readily have discovered to be such on the slightest enquiry. He asserts, that during the last two years a "*demonstration*"—to use the word in a military sense—"a skirmishing course of lectures" has been delivered in the month of October, "not connected with, nor introductory to the regular course, which begins in November," and he expresses "a hope that this will be followed by the real and beneficial addition of a month to the regular term, so that this shall include five months, the period now recognised by the University of Pennsylvania." "Satisfied," he adds, "with so material an amendment, this latter institution need hardly repeat the preliminary October exercises, which it, also, exhibited last year." Is the editor not aware that the object he recommends is, and has always been, avowed in the publications emanating from the Jefferson Medical College? In their very last announcement, after speaking of the additional chair of Institutes of Medicine and Medical Jurisprudence, established the preceding year, the faculty use the following language:—"The same cause—the progressive improvement of medical science—had suggested to the professors to extend their course of instruction from four months, the longest term in other institutions, to five. With this view, lectures have been delivered during the month of October for the last three sessions, and have been numerously attended. This course will be continued; the dissecting room will be kept open, and every attention given to this important department. There are interesting and valuable topics appertaining to each chair, which cannot be fully discussed in a course of four months, but which may be readily examined during this additional period."—*Announcement*, p. 4.

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[1] Eclectic Journal of Medicine. Edited by John Bell, M. D., Lecturer on the Institutes of Medicine and Medical Jurisprudence in the Philadelphia Medical Institute, &c. &c., for Oct. 1837, p. 429.

The editor may not be aware of the fact, but he could readily have arrived at it by application to any of the medical professors of the University of Pennsylvania, that the extension of the course, through the month of March, is by no means so easy an affair as it may seem to him to be; that the October course, in question, is appreciated, however, is sufficiently shown by the numbers who have been in previous years, and now are, in attendance; any of whom, we are satisfied, would say, that it forms a "real and beneficial addition of a month" to the course of study. For one, the editor of this journal can affirm, that the subjects of the lectures, which he is now engaged in delivering, are not such as he taught during the last session or will teach in the next. Of the nature and value of these, as well as of those of his colleagues, they who are most concerned, and who hear them unprejudicedly, can alone speak correctly.

We are extremely anxious that there should be no feeling between the medical institutions of the city, except of honourable rivalry to do the greatest amount of good to science and humanity, and we hope that neither college will suffer this desirable object to be prevented by the remarks either of the heedless or the designing.

We have not seen the article in the Southern Medical and Surgical Journal, which, the editor of the Eclectic Journal says, contains a reply to the "puerile vauntings" of Jefferson Medical College; but we have before us the circular of the Georgia Medical College, in which, we believe, the editors of that journal are professors. The "Circular" proves most convincingly, that they at least are no mean adepts in the practice which they deprecate.

The October lectures are now going on in both the medical schools of the city, as well as in the "Medical Institute," in which the editor of the "Eclectic Journal of Medicine" is a teacher, and which was founded, we believe, by a distinguished professor of the University of Pennsylvania, with the same view as the October lectures have been established in the two schools—to afford additional facilities to the students who may resort to Philadelphia, in the acquisition of a profession, the time allotted to which, during the ordinary sessions of the winter months, is, by common consent, much too short.

BIBLIOGRAPHICAL NOTICES.

Sealey's Medical Essays.[1]

Our editorial brethren on the other side of the Atlantic very frequently criticise—and, at times, not without justice—the occasional flights of our medical as well as other orators; but we think it impossible for them to single out any author, whose violations of taste, and even of common sense, are more flagrant than his whose essays are now before us.

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[1] Medical Essays, by J. Hungerford Sealey, M. D. E., A. B., T. C. D., (with a motto). No. 1, On Phthisis Pulmonalis, 18mo, pp. 82. No. 2, On the Imagination, 12mo, pp. 91. London, 1837.

Of the author's fustian we need but give one specimen from his dedication to "My dear Sir Charles" (Scudamore). "In it" [the essay] he says, "in a literary point of view, I am aware your critical eye will detect many errors, and in a physiological and pathological one, much to arrest admission and challenge enquiry, being, as far as I am aware, so perfectly novel in its solution of disease. To your original and gifted mind, however, I am convinced that this will be no objection, and that you will not view it with more than the necessary caution, because it has exceeded the present limits of anatomical research and advanced theory."—p. xiv.

And what is this "novel" view of the author? It is, that he "would believe to exist, although anatomy has as yet been unable to prove their existence, a peculiar arrangement of secerning vessels, which has been hitherto altogether left out of the consideration of the question—namely, *pus* and *purisecerning vessels.* Again, "Pus is only secreted in ophthalmia and gonorrhœa, we never find lymph in those places; and after the severest inflammatory action we never find pus effused on the surface of the brain, where we find lymph abundantly; consequently they are not modifications of the same fluid. Of the original appearance and determinate use of pus we may be said to know nothing, we only know it under disease; and yet I cannot imagine it is only a product of disease as Hewson thought. It may be in its pure state colourless and unappreciable, yet destined as an active agent in the animal economy. It may act on the circulating and absorbent system, as the bile acts on the digestive, as a necessary stimulant, and only become apparent to the eye when chemically altered by exposure to the atmosphere."—p. 19. And again, "Believing scrofula to be, as Sir Astley Cooper and others have settled, a disease of debility, yet referring that debility solely to the absorbent vessels, and thus agreeing with Cabani (!), Soemmering, and Girtanner, before mentioned, I come more fully to explain my views. Taking it then for granted, which cannot be denied, that such a fluid as pus exists, a fluid *sui generis*, and expressing my conviction that it is the secretion of a peculiar apparatus, destined for a particular purpose in the animal economy, and as constantly existing as either the nervous or sanguineous fluids, although not demonstrable, and without being able to ascertain the cause of that debility of the absorbent system, I suppose in the internal or tubercular scrofula, a deposition of this peculiar fluid to take place on the delicate lining membrane of the pulmonary parenchyma, which the debility of the antagonist power, the absorbent vessels, failing to remove, it becomes a source of irritation, and generates first the miliary tubercle, which thus formed, runs its natural course. The same thing occurs in the external or follicular scrofula; the puriform fluid becomes a source of irritation in the centre of a lymphatic gland, or in a cutaneous follicle, and, so exciting inflammation, produces all the strumous appearances."—p. 37.

But we have given more space to the notice of the results of Dr. Sealey's "imagination" than they merit. We might, indeed, point to multitudinous inaccuracies, as to orthography and syntax, but we are willing to believe that many of these may have resulted from inattention rather than from ignorance. Every author must have experienced the annoyance of observing gross errors which have escaped him until too late, and this often in consequence of his very familiarity with the subject. In the first page of the editor's "physiology" there is a glaring inaccuracy of this nature,—an extract being ascribed to one poet which appertained to another, although the whole essay, of which it forms a part, was almost as firmly impressed upon the author's memory as his creed. The fact, however, should tend to mitigate severity of censure, unless the departures from accuracy are the manifest offspring of ignorance or unpardonable carelessness.

Transactions of the Provincial Medical and Surgical Association.[1]

Another volume from this most useful and energetic association. It gives the proceedings of the anniversary meeting at Manchester; reports of council and committees, &c.; and is divided into four parts. Part 1. Containing the report of a committee to consider the best means of affording medical relief to the sick poor, and Mr. Crosse's Retrospective Address. Part 2. On "Medical Topography," comprising a medico-topographical, geological, and statistical sketch of Bolton and its neighbourhood, by James Black, M. D. Part 3. "Essays and Cases;" containing a communication by Dr. James Johnstone, of Birmingham, on Glanders in the Human Subject; a case of Ovarian Tumour, by Mr. Jeaffreson; a paper by Mr. Hunt, of Manchester, on the Physiology of the Muscular Nerves of the Eye; one by Dr. Dick, of Clifton, on the Unity of Organic Structure; Dr. Selwyn's cases of Encysted Dropsy of the Thyroid Gland; Dr. Scott, of Liverpool, on the Influence of Sleep on Digestion and Secretion; Mr. Poyser's, of Wirksworth, cases and dissections, chiefly in reference to the uncertainty of diagnosis; Mr. Hamerton's case of Tetanus; Dr. Chapter's case, in which the memory of language was lost; Mr. Psalter's case of Malignant Tumour within the Cavity of the Abdomen; Dr. Norris's case of Diaphragmatic Hernia; Dr. Walker's cases of Metastasis of Rheumatism to Internal Organs; and Mr. Windsor's Facts illustrative of the Effects of Chronic Pleuritis. Part 4. Comprises "Reports of Dispensaries,"—of the Birmingham Eye Infirmary, the Birmingham Dispensary, and the Worcester Infirmary.

The appendix contains some remarks on the condition of medical relief for sick paupers, by Messrs. N. Rumsey, Robert Ceely, H. W. Rumsey, and Dr. John Yelloly.

Tannate of Quinine and Cinchonine.—Doctor Rouander, Secretary of the Medical Association of Sweden, recommends the tannate of quinine and cinchonine as much more active than the sulphate.[2] By means of the tannate he succeeded in curing intermittents, which had resisted the sulphate and other energetic agents. He asserts, likewise, that he obtained equally good effects from this medicine in typhus, in general debility, and in cases of tendency to a putrescent condition. These facts would seem to show, that although tannin does not of itself enjoy febrifuge virtues—properly so called—it contributes greatly to the efficacy of the cinchona. This had been pointed out by Berzelius, who showed that the febrifuge properties of the cinchonas are not in proportion to the quantity of quinine and cinchonine they contain, and that the tannin, which enters into their composition, seemed to have a notable influence.

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[1] The Transactions of the Provincial Medical and Surgical Association. Instituted 1832. Vol. v. 8vo, pp. 538. London, 1837.

[2] Revue Médicale Française et étrangère, Mai, 1837.

The tannate of quinine has also the advantage of being cheaper than the sulphate.

Resection of the Lower Jaw.—A female peasant, forty-four years of age, had an osteosteatoma of the right lower jaw, which had attained the size of both fists; as this morbid growth went on increasing, gave rise to considerable pain, and occasioned impediment in eating and drinking, Dr. Jagielski undertook the operation in the following manner:—The body of the lower jaw was sawed off from the middle of the chin to the angle, after the soft parts had been carefully separated from it. After the removal of the diseased portion of the jaw, the incision in the soft parts was united by means of ten sutures. Cicatrisation took place rapidly, and every thing went on most favourably.[1]

Cerebellous Disease without Genital Excitement.—Our readers are aware that the phrenologists place the encephalic organ of reproduction in the cerebellum, and many pathological cases have been published, which would seem to favour this view of the subject. One was given by the editor of this journal, in the pages of a British periodical,[2] of which he was at the time one of the editors. In a recent French journal,[3] M. A. Duplay has given four cases of cerebellous disease in which no particular phenomena were observed connected with the genital organs. "In no case did he notice any thing like what had been announced by certain observers."

Lectures on Practical Obstetrics.—Dr. Warrington is delivering a course of lectures on practical obstetrics, at the Philadelphia Dispensary, of which he is physician-accoucheur. Pupils who have attended a course of lectures in any respectable institution, and become capable of readily detecting the presentations as they will be exhibited on the mannekin, will be entitled to attend upon the cases of labour, which may come under Dr. W.'s charge in the Philadelphia Dispensary, during the ensuing winter session of the medical schools of Philadelphia.

Electrical Infant.—A statement contained in the *Libéral du Nord* is seriously copied into a respectable medical periodical of Paris,[4] of an infant, which, like the torpedo, gave a kind of electric shock to the physician, who brought it into the world! The child is stated to belong to the male sex, and to be of a robust constitution. It was placed, immediately after birth, in a basket cradle, supported on a glass stool, when it gave unequivocal signs of electricity. This property it retained for the space of twenty-four hours, so that the physician was able to charge a Leyden jar, to obtain sparks, and institute a number of physical experiments!!

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[1] Medicinische Zeitung, Feb. 15, 1837, s. 34.

[2] London Medical Repository, Oct. 1822. See also Stokes's Theory and Practice of Physic, Amer. Libr. Edit., p. 214.

[3] Archives Générales de Médecine, Nov. 1836.

[4] La Presse Médicale, Avril, 1837.

Medical Department of the University of Vincennes.—We have received, from Dr. Offutt, the "Vincennes Saturday Gazette" of the 23d ultimo, containing the advertisement of a new Medical College connected with the University of Vincennes, the lectures at which will commence on the first Monday in December, 1837, and terminate on the first Monday in March, 1838. The departments and incumbents are as follows:—*Special Anatomy*, Dr. Offutt; *General and Pathological Anatomy*, Dr. Maddox; *Surgery*, Dr. Johnston; *Obstetrics and Diseases of Women and Children*, Dr. Hitt; *Chemistry and Natural Philosophy*, Dr. Troost; *Materia Medica and Pharmacy*, Dr. Decker; *Theory and Practice of Medicine*, Dr. Somes; *Physiology and Institutes of Medicine*,[1] Dr. Stahl. Dr. Thornton F. Offutt, Dean of the Faculty of Physic. The faculty are entitled, by their charter, to confer the degree of "Licentiate," and they expect at the ensuing session of the legislature to obtain the power to confer the degree of Doctor of Medicine.

Boston Medical and Surgical Journal. Strychnine.—Under the expectation that the editor would himself correct the error, we have not drawn attention earlier to an observation in the *Boston Medical and Surgical Journal*, suggested by the recommendation of strychnine in this journal, in which the editor in question alludes to the use of that powerful agent in doses of one sixteenth of a grain, as *too infinitesimal.* Surely, such a statement ought to be modified: inasmuch as were any uninformed practitioner to regard the dose in that light, and, without referring to books of authority, were to largely augment it, as he might feel himself justified in doing from the comment above referred to, very serious consequences might result.

We would likewise call the editor's attention to another mistake in the same periodical. Notwithstanding the announcement in this and other journals of changes in relation to the University of Virginia, it is there stated, that the lectures will begin in November, and that the professors are the same as last session;—the truth being, that the lectures are advertised to commence on the first of September; and that of the three professors of the last session, one has resigned and another died,—the vacancies having been supplied since the 17th of August, as we have already published! In a letter from the university dated the 3d inst., our correspondent states, that Dr. Griffith—recently appointed—began to lecture about ten days previously.

BOOKS RECEIVED.

From Dr. B. Haskell.—The Boston Medical and Surgical Journal, for Wednesday, Sept. 20, 1837. Containing new views on animal magnetism.

From Dr. Forbes, of London.—First Principles of Surgery, being an outline of inflammation and its effects. By Geo. T. Morgan, A. M., Lecturer on Surgery in Aberdeen. 8vo. London, 1837.

From the same.—The Transactions of the Provincial, Medical, and Surgical Association, instituted 1832, Vol. V. 8vo. London, 1837.

On the Nature and Treatment of Dropsies, in four parts, &c. By Jonathan Osborne, M. D., Fellow and late President of the King and Queen's College of Physicians, in Ireland, &c. &c. 2d edit. with considerable additions. 8vo, pp. 134. London, 1837.

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[1] We have always thought that the "Institutes of Medicine" included physiology. The Medical College of Georgia and the University of Vincennes have divorced them.—*Ed.*

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. **November 1, 1837.** **No. 15.**

Art. I.—ORGANISATION OF THE MEDICAL STAFF OF THE ARMY OF THE UNITED STATES.

We are indebted for the following communication to a medical officer of the army, to whom we have often had occasion to express our acknowledgments.

—

A surgeon-general, charged with the administration of the medical department of the service, and *ex-officio* inspector-general of hospitals, &c.,—stationed at general head quarters, Washington, D. C. Fifteen surgeons at the head quarters of regiments, except those acting as medical purveyors at New York and New Orleans. Sixty assistant surgeons, acting as surgeons to posts or doing duty with surgeons.

" To a general hospital, one non-commissioned officer as *steward* and one as *ward-master*, one *nurse* to every ten, one *matron* to every twenty, and one *cook* to every thirty patients. To an hospital where the command exceeds five companies, one non-commissioned officer as steward and ward-master, one cook, two matrons, and four nurses. To a post or garrison with one company, one private as steward and ward-master, one nurse, and one matron; for every two additional companies, one nurse. The cooks and nurses to be taken from the privates of the army. The non-commissioned officer who acts as steward and ward-master, will receive twenty cents per day, extra pay; and the private fifteen cents per day, extra pay. The matron will receive six dollars per month and one ration per day."—*Regulations Med. Dept. U. S. A.*

PAY, SUBSISTENCE, FORAGE, &c.

GRADE.	PAY.	SUBSISTENCE.	FORAGE.	SERVANTS.
	pr. month.	No. of rations per day.	No. of horses allowed.	No. allowed
Surgeon-General, $2,500 per an.				
Surgeon of 10 years' standing.	$50	8	3	2
" under 10 " "	50	4	3	2
Asst. surg. of 10 " "	40	8	2	1
" " of 5 " "	40	4	2	1
" under 5 " "	30	4	2	1

Servants are entitled to $6 per month, one ration per day, and commutation for clothing at the rate of $2.50 per month. Rations to officers and their servants are commuted at 20 cts. the ration; and forage at $8 per month per horse.

QUARTERS AND FUEL.

GRADE.	ROOMS.			CORDS OF WOOD PER MONTH.	
	As quarters.	As office.	As kitchen.	From 1st May to 30th September.	From 1st Oct. to 30th April.
Surgeon-general.	4	—	1	1	4½
Surgeon.	3	—	1	1	3
Assistant surgeon of 5 year's standing.	2	—	1	¾	2½
“ “ under 5 “ “	1	—	1	½	2

In time of war the oldest surgeon in the field generally acts as medical director.

“ The assignment of surgeons and assistant surgeons to regiments and posts will be made by the secretary of war. When the circumstances of the service will permit, those who shall have served three years in their respective grades, will have choice of regiments and stations agreeably to rank, on written application through the surgeon-general, stating the reasons therefor, and the posts they may select in the order of preference; but no one will be transferred from the regiment or post to which he may have been assigned for the purpose of making room for another. When attached to an army in the field they will be assigned to duty by the commanding general.”—*Regulations Med. Dept. U. S. A.*

Medical Board of Examination for Admittance into the Medical Staff, U. S. Army.

“ The medical board will examine the qualifications of all persons who may be authorised or directed by the secretary of war to present themselves for that purpose, agreeably to instructions received from the surgeon-general, to whom they will report their opinion thereupon.

“ In the execution of this duty they will rigidly scrutinise the pretensions of each candidate; taking into consideration his physical qualifications and moral habits, as well as his professional acquirements; and will report favourably upon no case admitting a reasonable doubt. The health and lives of the officers and soldiers are too important objects to be committed to ignorant and incompetent hands.

“ They will report their positive merit in the several branches on which they may be examined, and their relative merit from the whole examination; agreeably to which they will receive appointment, and take rank in the department.

“ When a candidate for appointment shall fail to receive a favourable report, he will, if desired, be entitled to a second examination, after the expiration of two years; and on a second failure will be dropped from the list of applicants.

“ When an assistant surgeon shall fail to receive a favourable report, his connection with the medical staff will cease from that time. No allowance will be made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment.”—*Regulations Med. Dept. U. S. Army.*

ART. II.—VULGAR ERRORS IN MEDICINE.

BY THE EDITOR.

(Continued from page 263.)

No. 4.—*De Conceptione sine Concubitu.*

Amongst the enquiries into vulgar and common errors by Sir Thomas Brown,[1] that learned but quaint writer enquires, in his peculiar language, into the truth of the ancient statement concerning "the woman that conceived in a bath," and enters into the following examination of certain points connected with the mode in which he thinks fecundation may be effected.

> "The relation of *Averroes*, and now common in every mouth, of the woman that conceived in a bath, by attracting the sperm or seminal effluxion of a man admitted to bathe in some vicinity unto her, I have scarce faith to believe, and had I been of the jury, should have hardly thought I had found the father in the person that stood by her. 'Tis a new and unseconded way in history to fornicate at a distance, and much offendeth the rules of physick, which say, there is no generation without a joint emission, nor only a virtual, but corporal and carnal contaction. And although *Aristotle* and his adherents do cut off the one, who conceive no effectual ejaculation in women, yet in defence of the other they cannot be introduced. For if, as he delivereth, the inordinate longitude of the organ, though in its proper recipient, may be a means to improlificate the seed, surely the distance of place, with the commixture of an aqueous body, must prove an effectual impediment, and utterly prevent the success of a conception. . . . . And although it seems not impossible, that impregnation may succeed from seminal spirits, and vaporous irradiations containing the active principle, without material and gross emissions, as it happeneth sometimes in imperforated persons, and rare conceptions of some much under pubertie or fourteen; as may be also conjectured in the coition of some insects, wherein the female makes intrusion into the male; and as some would have it, from the continued occasion in hens, from one single tread of a cock, and little stock laid up near the vent, sufficient for durable prolification, yet will not the same suffice to support the storie in question, wherein no corpulent emission is acknowledged, answerable unto the fable of the Talmudisk, in the storie of Benzira, begotten in the same manner on the daughter of the prophet Jeremie."

The notion that impregnation is practicable by means of the *aura seminis* or "vaporous irradiations," has been entertained by many, long since the time of Sir Thomas Brown; but the experiments of Spallanzani—were there no other objection to it—would have completely subverted this view, and have demonstrated it to be indispensable that there should be absolute contact between the sperm itself and an ovum in the ovarium of the female, ripe at the time for impregnation.[2]

It has, indeed, been a question oft agitated, whether a female may not be impregnated by the emission of sperm on the external parts of generation only. Some have maintained this to be possible; and it was in consequence of the existence of this idea, and of the agitation of the question in a cotemporary German journal,[3] that Dr. d'Outrepont, a distinguished obstetrical physiologist of Germany, has recently been led to publish his sentiments on the subject in the excellent journal of which he is one of the editors.[1]

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[1] Pseudodoxia Epidemica; or enquiries into very many received tenets and commonly presumed truths. By Thomas Brown, Doctor of Physick. 3d edit. B. vii., chap. 16, p. 314. London, 1658.

[2] See the editor's Human Physiology, vol. ii., p. 323. 2d edit. Philada., 1836.

[3] Wochenschrift für die gesammte Heilkunde, von Casper, Jahrgang, Nos. 1, 2, und 3, 1835.

He asserts boldly, that he has never known conception to occur where the sperm was merely thrown externally,—that he has known many cases in which the fact of full copulation was denied, but in every one of them he satisfied himself, from the admission of one or other of the parties, that the male organ had been in the vagina, or at least within the vulva.

All experience shows, that, to fecundate, the sperm must be deposited in the vagina; yet a very small quantity appears to be at times sufficient, even that which passes through an aperture in the hymen, that may not be capable of admitting an object larger than a goose's quill, or through one yet smaller than this; but, in the present state of our knowledge, we may unhesitatingly reject the representations which we may be doomed to hear from parties concerned—of impregnation *sine concubitu.* Formerly, if the hymen was not broken so as to admit the male organ, the female was declared a virgin; the awkward and embarrassing case, however, at times presented itself, of such a virgin being actually impregnated. It is now admitted, that the presence of the hymen can no more be esteemed a positive evidence of virginity than its absence of incontinence.

ART. III.—MEDICAL TOPOGRAPHY—No. 6.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 261.)

Intermittent Neuralgiæ.—(Continued.)

GASTRALGIA.

The cases of gastralgia that we have met with in the Arkansas country were consequent upon ill treated intermittent fever,—*persons in whom an active emetic and purgative treatment had been pursued.* In all these there were evident signs of gastric inflammation, or a hyperæmic condition of the mucous lining of the stomach—probably consequent upon deranged nervous action. There was distension of the organ, with pain on pressure; white furred tongue; nausea; eructations; and in one case obstinate hiccup. In some cases the patient salivated profusely; but in the greater number, dry mouth, burning sensation in the fauces, and unquenchable thirst, were present.

The paroxysms of this form of affection were not so regular in their observance of periodicity as some other pains, but sufficiently so to indicate their malarious origin. Patients labouring under it had great sallowness and dryness of skin; their organic functions were imperfectly performed—frequently the liver was torpid and the stools consequently clayey or of a dysenteric or lienteric character, and voided with trouble; the urine sometimes red and scalding, but more often limpid and albuminous; the digestion was imperfect, especially so for fruit—which could be tasted in the mouth for several days after being eaten.

In the treatment of this disease we always had reference to the condition of the stomach. Low diet; cold mucilaginous drinks in small frequent draughts; repeated emollient enemata; scarifications and cupping of the epigastrium, followed by emollient poultices,—in the greater number of cases relieved the stomach of its hyperæmic condition, and prepared it to receive tonics without danger. So soon as these could be exhibited without fear of gastric distress, we gave the sulphate of quinine in solution with sulphate of morphine and cherry-laurel water, or infusion of belladonna.[1] We sometimes gave the phosphate of quinine with confection of opium.[2] In all we enjoined the constant wearing, over the epigastrium, of a plaster of belladonna and iron—made by mixing intimately one part emplast. belladonnæ with four parts emplast. ferri.

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[1] Neue Zeitschrift für Geburtskunde, von Busch, d'Outrepont und Ritgen. Band. iv. Heft. 2, s. 165.

Where the hepatic, cuticular, and renal functions were disordered, we used small doses of calomel with opium, ipecacuanha, and digitalis; directing at the same time mucilaginous drinks, frequent emollient enemata, general warm bathing, and occasionally nitro-muriatic or chlorine pediluvia—and only commenced the use of tonics when there were no further appearances of organic disorder.

We noticed sympathetic cardiac affection in some of our cases of gastralgia. In one, the heart palpitated so strongly as to lead the individual to suspect some organic affection of the circulatory apparatus; but the stethoscope betrayed no signs of disorder other than those of increase of action. This mental impression gave way with the disease on the re-establishment of the general health.

Not having any of the sub-nitrate of bismuth with us, we have never yet tested its effects in gastralgia. We are entirely satisfied, however, as have been our patients, with the treatment pursued: its success is its best commentary.

HYSTERALGIA.

No woman is more entitled to our sympathy than she who is afflicted with any of the forms of hysteria. Unfitted for the enjoyment of the socialities of life—cut off in a great measure from society, which by her exalted mind[3] she is calculated to adorn—her situation is truly deplorable. Any additions to our information on this protean malady should be received with gratitude by the profession; and hailed as blessings upon the fairer portion of our race.

In our general observations on intermittent neuralgic affections we have already noticed the most prominent symptoms of hysteralgia, as it prevails in the south and southwest. In some cases that came under our observation, there was tenderness on pressure in the hypogastrium, and twisting and distressing bearing down pains, attended with dysmenorrhœal discharges.

In simple intermittent hysteria—uncomplicated with organic affection of the uterus—after gentle purgation by laxative electuaries or enemata—we commenced the tonic treatment, giving quinine and iron with some aromatic confection,[1] and generally in a few days had the satisfaction of seeing our patient entirely relieved. If called to a patient in the paroxysm, we directed the warm hip-bath, freed the bowels by an enema of warm water, and directed injections of the same through the vagina to the uterus, and afterwards opiated enemata *per anum et per vaginam*, which eased the pains and calmed her to quiet sleep.

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[1] R. Quiniæ sulphat. ℈ i.
Solve in acid. sulphuric. aromat. gtt. xx.
et adde
Liquor. morphiæ sulphat. et aquæ lauro-cerasi aa f. ℥ i. M.
Dose f. ʒ ss. to f. ʒ i. every four hours.
vel,
R. Quiniæ sulphat. ℈ i.
Solve in acid. sulphuric aromat. gtt. xx.
et adde
Infus. belladonnæ ℥ iv.
Dose f. ʒ ii every three hours.

[2] R. Quiniæ phosphat. gr. x.
Opii confect. ʒ i.
M. et ft. mass. in pil. xx. divid. Dose, one every three hours.

[3] This disease has been noticed to occur more frequently in females whose mental powers are active. Of this I am convinced from observation, having seldom seen the affection in others.

When the disease was complicated with organic uterine affection, we experienced all the difficulties that such a case presents—especially at or about the menstrual term, when the disorder, if not controlled, becomes greatly aggravated. At this period, our ears have been pierced by the most heart-rending maniacal cries, and our feelings greatly wrought upon by the spectacle of a highly intellectual female in all the horrors of this agonising disease. For the patient—seen in a fit—a warm mustard pediluvium was directed, and cold dash to the head; warm poultices, or cloths wrung out of warm water, to the hypogastrium; injections of warm water, *per anum et per vaginam*, followed by the enema opii, with the tampon to retain it. Some women we had to cup, to relieve the turgescence of the womb, and prevent hysteritis. This was changed sometimes for a revulsive bleeding of a few ounces from the arm or foot. Our attention was mainly directed, in these cases, to the prevention of permanent organic disease;—cupping the hypogastrium, or topical depletion by relays of leeches, followed by emollient cataplasms and the use of the hip-bath, and frequent simple enemata, effected this object. The tonic treatment was then begun, and continued for some time after every vestige of the disease had been removed, with an *emplast. ferri et belladonnæ* constantly worn over the epigastrium for months after.

In some cases of intermittent hysteralgia, we found it desirable to break up its disposition to periodical return, even whilst the uterus continued in a morbid condition—so as to husband the strength of the constitution, so apt to become impaired by oft repeated attacks, trusting to after treatment to relieve the suffering organ. To prevent a recurrence of the nervous symptoms, we gave, in anticipation of the attack, a large dose of quinine in solution with some aromatic water, or a large dose of the prussiate or carbonate of iron with some anti-spasmodic mixture.

ART. IV.—TREATMENT OF SPRAINS BY FRICTION.

In a recent periodical,[2] there is an account, by Dr. Maignien, Chirurgien Aide-Major to the Special Military School of St. Cyr, of the advantages of treating sprains, even from the commencement, by friction and shampooing, (*massage*).

This plan—as the writer admits—is not new; but he says it was suggested to him by the homœopathic doctrines or indications. When treating of sorbefacients, we have elsewhere[3] made the following remarks:—

"Friction is another remedy belonging to the division we are considering, and it is one had recourse to by the surgeon with signal benefit. After violent sprains, in which much fluid has been effused into the cellular membrane, there is no mode of medication which occasions the absorption of the effused fluid so rapidly as rubbing the part with the hand, simply dipped in flour or covered with some liniment. The object of dipping the hand in flour is to prevent the abrasion, which would necessarily result from the friction; and, in the generality of cases, liniments are of no other service. This at least applies to the simple oleaginous liniments; but, where exciting substances are added, some sorbefacient influence may be excited by them. To produce the full sorbefacient effect, in the cases I have mentioned, the friction must be continued for a long time,—for at least half an hour,—and it must be repeated as the case may require. In Scotland, there are old women who obtain a livelihood by this kind of 'dry rubbing,' and whose celebrity is such, that I have known a respectable patient go from a border county of England to Edinburgh to be operated on by them."

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[1] R. Quiniæ sulphat. vel phosphat. ℈ i.
Ferri ferro-cyanat. vel carbonat. ʒ i.
Confect. Aromatic. ʒ ii.
M. et ft. mass in pil. xl. dividenda.
Dose, two every two hours, and six in the period next the time of the expected paroxysm.

[2] Gazette Médicale de Paris, December 3—10, 1836.

[3] General Therapeutics, p. 328. Philadelphia, 1836.

Art. V.—TREATMENT OF ILEUS WITH BELLADONNA CLYSTERS.

BY DR. WAGNER, DISTRICT PHYSICIAN AT SCHLIEBEN.

Several cases of ileus successfully treated by belladonna clysters have been published by Dr. Wagner.[1] One of these may be sufficient to exhibit his method.

"On the 21st of April, Dr. Lohrenz, of Schönewalde, was called to visit a man, aged twenty-three, who had been complaining, since the 19th, of violent pains in the umbilical region. These came on periodically and were greatly exacerbated by pressure, so that the patient screamed out when touched. He had incessant retching; the abdomen was hard and tense, and he had been several days without an alvine evacuation. Bleeding, leeches, enemata, and various other internal and external remedies were employed without any effect; the symptoms increased in violence, and on the 22d he had subsultus, syncope, and stercoraceous vomiting. The abdomen was tympanitic and hard; the bowels obstinately costive; pulse scarcely perceptible; anxiety intolerable; and the body covered with a clammy sweat. Dr. Lohrenz now had recourse to clysters of belladonna.[2] At first one half of the lavement was injected, which, unlike the other enemata, was retained, and it had a marked effect in calming the violence of the symptoms. The countenance became more cheerful; the abdomen softer; and the pupils greatly dilated. Half an hour afterwards, the second half was injected, which produced the most decided improvement. It was speedily followed by copious evacuations from the bowels; the pulse rose; the pain and vomiting ceased; and next morning the patient felt quite restored, and since that time has not had any return of his complaint."

In commenting on the cases published by Dr. Wagner, the learned editors of an excellent periodical[3] have the following observation:—

"The foregoing cases show, that belladonna, like tobacco, is a remedy of great efficacy in subduing symptoms of ileus, connected with incarcerated hernia. It has also the advantage of relieving pain, without substituting for it the horrible sickness and sinking of the vital powers, which results from the use of tobacco. Two facts, however, connected with the history of belladonna, will always tend to diminish its applicability; viz., its tendency to accumulate in the system and then explode with fearful violence, and the well-known fact, that its specific powers vary in a remarkable degree according to the place in which it grows."

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[1] Journal der practischen Heilkunde, von Hufeland und Osann. August, 1836.

[2] Dr. Wagner does not state the proportion of belladonna he employed; but, in another case, the enema was composed of a scruple of the belladonna herb, in four ounces of water, which was thrown up at once.—*Ed.*

[3] British and Foreign Medical Review, No. 7, for July, 1837. p. 222.

Art. VI.—ON THE TREATMENT OF IRITIS BY MERCURY.

In a memoir on iritis, recently published by M. Nichet,[1] Surgeon in Chief to the Charité, at Lyons, the author strongly recommends the use of mercury in iritis, pushed even to salivation. "Evacuations of blood," he observes, "emollient applications, the cautery on the temple, belladonna, and mercurial preparations, especially calomel, are the agents whose aid I have invoked almost exclusively in the cure of the cases of iritis which I have had to treat. General blood-letting calms the excessive irritation of the sanguineous system; the application of leeches moderates the pain of the eye and head, but it has little influence on the progress of the inflammation of the eye. The pain, indeed, is not long in returning, if, after bleeding, we restrict ourselves to the use of emollient applications and ordinary revulsives, such as pediluvia, cathartic clysters, and the cautery on the temple.

"But the remedy *par excellence*, the truly heroic agent in inflammation of the iris, at whatever stage it may have arrived, is calomel pushed to salivation. I can readily believe, that advantageous effects have been obtained from mercury in an alterative dose, but this can only be in very recent cases of iritis, in which the inflammation has not become deeply combined with the tissues. Now, in these cases, simple tumefaction of the gums, or a slight salivation of short duration, removes the disease in a truly astonishing manner. I can affirm, that in the interval which elapsed from the first dose of calomel to the moment when the gums became swollen, I have never observed the least change in the condition of the eye. The first amelioration has always coincided with the swelling of the mouth; but the flow of saliva has always been the signal for a favourable change. With the ptyalism the pupil has been seen to dilate, to approach the circular form, resume its mobility, and vision begin to be re-established when it was completely abolished, or improve when the sensation of light was not entirely lost; the aqueous humour became clear, the pus effused into the anterior chamber of the eye absorbed, and the injection of the outer membranes of the eye diminished and disappeared. This method," he adds, "agrees with every case of iritis whatever may be its duration. In acute iritis, copious evacuations of blood, general or local, and cutaneous revulsives may be substituted, if not with advantage at least with some chances of success; but in old cases, in those induced by the propagation internally of an old ocular and palpebral conjunctivitis, in those resulting from a long and laborious exertion of vision, or that have been preceded by dull pain in the eye or its vicinity, nothing, in all those cases, can equal the advantages of salivation. It is the last resource; it has restored sight in cases in which various and rational methods of treatment have completely failed."

The above views of M. Nichet on the use of mercury in iritis, and those of Dr. Marshall Hall on its use in inflammatory diseases,[2] as well as of Dr. Colles on the employment of the same agent in syphilis,[1] conflict with those we have been led to adopt, from experience, regarding the best method for securing the full advantages of mercury. In a recent work,[2] after having spoken of the agency of mercury in dispossessing the system of syphilis, and of other morbid catenations when of long continuance, we have remarked :—"In such cases, it is but necessary to affect the mouth; to occasion mercurial fetor of the breath; falling away of the gums from the teeth; and slight irritative fever,—in order that we may produce the full remedial influence of mercury. At one time, in syphilis, it was considered advisable to salivate the patient in proportion to the duration of the disease; and the same plan was adopted in other affections where mercury was conceived to be indicated. But it is now admitted, by almost all, that salivation is an evil, and that the good effects of the mercurial medication are not in a ratio with the quantity of the salivary discharge."

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[1] Gazette Médicale de Paris, Dec. 31, 1836.

[2] Principles of the Theory and Practice of Medicine, p. 98. London, 1837.

We may add, that we have never found it necessary to salivate the patient in any case, and we are therefore led to infer, from our own experience as well as from that of others, that it cannot be indispensable, notwithstanding the high authorities who recommend it.

Art. VII.—INTERMITTENT CURED BY LARGE DOSES OF SUBCARBONATE OF IRON.

M. Gimon, Physician at Thouars, Department of Deux-Sèvres, has recently published two cases elucidative of the effect of large doses of the subcarbonate of iron in long protracted intermittents, complicated with ascites and splenocele or enlargement of the spleen.[3] One of these occurred in a boy nine years old, and the other in a young man of twenty-one. Both had taken the sulphate of quinine in large doses, but ineffectually. To the former he prescribed twelve grains of the subcarbonate in the twenty-four hours, augmenting it by six grains daily. The treatment was commenced at the latter end of July, 1835, and the quantity taken in the day was pushed progressively to one ounce. In six months, the traces of ascites and splenocele had disappeared, and the cure was complete. The subcarbonate was discontinued gradually by diminishing the dose.

In the second case the same dose was prescribed in the first instance, and it was ultimately carried to six drams with complete success.

BIBLIOGRAPHICAL NOTICES.

Morgan's First Principles of Surgery.[4]

Under the term "First Principles of Surgery," Mr. Morgan includes inflammation and its effects, with which—he properly remarks—the student should make himself familiar. The work contains such a clear and satisfactory account of the theory, local symptoms, constitutional effects, terminations, &c., of inflammation, that we have considered it worthy of being put to one side for future question as to the propriety of publishing it in the "Library."

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[1] See Colles's Practical Observations on the Venereal Disease, and on the Use of Mercury, p. 25, American Library edition. Philadelphia, 1837.

[2] General Therapeutics, p. 98. Philadelphia, 1836.

[3] Journal des Connoisances Medico-Chirurgicales, Mai, 1837.

[4] First Principles of Surgery, being an outline of inflammation and its effects. By Geo. T. Morgan, A. M., Lecturer on Surgery in Aberdeen. 8vo. pp. 210. Lond. 1837.

One of Mr. Morgan's objects was, "to furnish the surgical student with an outline of inflammation and its effects, brought down to the present period"—objects which he has accomplished in the most happy manner.

Medico-Chirurgical Transactions. Vol. XX.[1]

There are few, if any, modern medical societies, the results of whose labours have been equally valuable with those of the Medico-Chirurgical—now the Royal Medico-Chirurgical—Society of London. Twenty volumes of its "Transactions" have been published, containing important contributions to medical and surgical science from the most distinguished members of the profession in Great Britain. The present volume contains seventeen contributions, amongst which may be indicated, as meriting special attention, the following:—On the Treatment of Injuries received on Dissection, by Mr. R. A. Stafford, of the St. Marylebone Infirmary; Pathological and Surgical Observations relating to Injuries of the Spinal Cord, by Sir Benjamin C. Brodie; Observations on some Tumours of the Mouth and Jaws, by Robert Liston, Esq.; of Inflammation, Chronic Disease, and Perforative Ulceration of the Cæcum, and of the Appendix Vermiformis Cæci, with Symptomatic Peritonitis and Fæcal Abscess, by Dr. J. Burne.

Some of these we design to reprint in the "Library."

Osborne on Dropsies.[2]

The author of this small volume—but with a long title-page—has given a concise account of all the diseases that are accompanied or followed by dropsical swellings, and has pointed out the different modes of treatment, which, in his experience, have been proved to be most successful.

We shall say no more of the work, than that we intend to publish it as a monograph in the "American Medical Library" as soon as space will permit.

Guy's Hospital Reports, No. IV.[3]

The fourth number of these valuable reports, emanating from the medical officers of one of the largest hospitals in the British metropolis, contains a large amount of useful matter, illustrated by excellent lithographic plates.

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[1] Medico-Chirurgical Transactions, published by the Royal Medical and Chirurgical Society of London, for 1836, vol. xx. 8vo, pp. 402. Five plates. London, 1837.

[2] On the Nature and Treatment of Dropsical Diseases; in four parts. Parts 1 and 2. On Dropsies from Suppressed Perspiration and Diseased Kidney. Part 3. On Dropsies from Impediments to the Circulation. Part 4. On Dropsies from Topical Affections. By Jonathan Osborne, M. D., Fellow and late President of the King and Queen's College of Physicians in Ireland, &c. 2d edit., with considerable additions.

[3] Guy's Hospital Reports, No. 4, April, 1837. Edited by George H. Barlow, M. A. and L. M., Trin. Col. Camb., Inceptor Candidate of the Royal College of Physicians, and Physician to the Surrey Dispensary; and James P. Babington, M. A., Trin. Col. Camb., Member of the Royal College of Surgeons. 8vo. pp. 310, with numerous plates. London, 1837.

The monographs are eight in number. 1. A Practical View of Lithotrity, with remarks on the lateral operation of lithotomy, by Mr. Aston Key; 2. Observations on the Diagnosis of Pneumonia, by Dr. Addison. Two Cases of Fatal Poisoning by Arsenious Acid, &c., by Mr. Alfred S. Taylor. An Essay on the Safety Valve Function of the Right Ventricle of the Human Heart, by Mr. T. W. King. An Experimental Enquiry respecting the Process of Reparation after Simple Fracture of Bones, by Mr. Bransby Cooper. Reports, &c., of Obstetrical Cases, &c., by Dr. Ashwell. Description of a Remarkable Specimen of Urinary Calculus, with some remarks on the Structure and Form of Urinary Calculi, by Dr. Hodgkin. On the Diagnosis of Tumours at the Base of the Brain, or where other parts of the brain and spinal cord suffer lesion from disease, by Dr. Bright.

Of some of these our readers may have an opportunity of forming a judgment hereafter.

Mutter's Case of Deformity of the Mouth.—The August number of the "American Journal of the Medical Sciences" contains a case of deformity of the mouth by contraction, from a burn, successfully operated on, by Dieffenbach's method, by Dr. T. D. Mutter, of this city.

The following is Dr. Mutter's account of the operation. It was performed on a child eleven years of age, and the contraction had existed since the commencement of the winter of 1835.

"The patient was seated in a low chair, with her head supported by her father, and exposed to a good light. Following the directions of Dieffenbach, I then introduced the extremity of the fore finger of my left hand into the mouth, and placed it under the left labial angle, which, by this means, was rendered prominent and sufficiently firm to permit the second step of the operation to be readily executed.

"This is accomplished by the introduction of one blade of a pair of narrow straight scissors into the substance of the cheek, between the mucous membrane and the other tissues, and a little above the commissure. The blade is then slowly pushed from before backwards, separating, as it passes along, the mucous membrane from the muscles and integuments until its point reaches the spot at which we wish to locate the new angle of the lips; the blades are then closed, and the parts included between them cut squarely and smoothly at a single stroke. The first incision being completed, the scissors were withdrawn, and a second one parallel and similar to the first, made in the lower lip; the distance between the two being about three lines. These incisions were then united at their posterior termination by a small crescentic section.

"By these cuts it is evident that a small strip of muscle and integument was insulated from the surrounding parts, and it only remained to separate it from the buccal mucous membrane, which was easily done by a single stroke of the scissors.

"The second step of the operation being thus finished on the left side, similar incisions were performed on the right.

"The next steps of the operation, and by far the most difficult of the whole, were the division into equal portions of the mucous membranes, the eversion of the flaps, and their attachment to the edges of the incisions just made, as well as to the red pellicle of each margin of the lips.

"To divide the membrane equally I separated the jaws of the child as much as possible, by which measure the former was put upon the stretch, and kept sufficiently firm to bear the operation of the scissors. The incisions in the membrane did not extend so far as those made in the muscles and skin, but stopped about three lines from the union of the latter. This was done in order to make the outer portion of this tissue adapt itself accurately to the new commissure. The flaps were then brought out, reflected over the margins of the wounds and firmly attached to them by means of the twisted suture, the needles used being very short and fine. (It should be recollected that the membrane must be first attached to the commissure, by which measure we secure the proper adaptation of the flaps to the other parts.)

"Every thing having been properly adjusted, a common roller bandage was applied, as in cases of fracture of the lower jaw, in order to prevent any derangement of the wounds. The patient was then placed in bed with her head elevated, and as she had just before the operation eaten freely of some light food, ordered to take no nourishment of any kind until the next visit, and to be perfectly silent."

Prolapsus Ani and Prolapsus Uteri occurring together.—Dr. William Keul, of Welsh Run, Franklin County, Pa., writes to us, that he was lately sent for in great haste to see an old lady, whom he found labouring under prolapsus uteri et ani. To the former she had been subject, but the latter was new to her. The prolapsed parts were much inflamed; but by evacuating the bowels, and applying fomentations and solutions of acetate of lead, they were readily reduced. Dr. Keul has mentioned the case to us "as being somewhat singular and perhaps rare."

Dr. Dudley's Success in Lithotomy.—In an early number of this periodical,[1] we suggested to Dr. Dudley—as incredulity manifestly existed on account of the extraordinary success which he is said to have obtained from the operation of lithotomy—to publish a tabular view of all his cases, so that the profession might have a full opportunity for judging of the matter.

In a recent communication, by Dr. James M. Bush, Adjunct Professor of Anatomy in the Transylvania Medical School, we have the following observations, which may be regarded, we presume, as an authoritative answer on this subject.

"Professor D. has operated one hundred and fifty-three times; of this number, ten were females, six Africans, the remainder adults, youths, and children. One hundred and twenty-two have been attended in the same apartments, and nursed by the same individual, Robert Beatty. Six were operated upon out of the city, and twenty-five at different houses in Lexington, private and public. It has been suggested that a statistic table, containing names, residences, &c., should be published by the surgeon. It would not be a difficult matter to fabricate names, ages, residences, &c., and display them in a regular and formal table. But since he never has kept a catalogue of names of patients for any of his operations, he could not make out one third of the list who have been cured. Indeed two of the three last, who were cured of calculus, left him ignorant of the name of either; both being charity cases, there was no reason why their names should go into his account book. And just so with the majority of his stone cases; the larger part being paupers, and unable to pay a fee. But if it be questioned, that the accounts given of those operations are untrue, either from dishonest motives, or undesigned miscalculation, evidence sufficient to satisfy any candid and unprejudiced mind, even more ample and conclusive than a statistic list after the fashion of nostrum venders and certificate publishers can be given. Robert Beatty, who has kept a private hospital for Professor D. the last twenty years, and has nursed more than one thousand patients, in different operations, can bear testimony, that one hundred and twenty-two calculous subjects have been attended in his wards, who were operated upon either in those rooms or in the amphitheatre of the medical college; and but four of this number are reported uncured; or rather, might we not say, did not enjoy a release of their calculi. It has been stated in the article, before alluded to, that out of the entire number operated upon only four died. And the circumstances of each case are detailed. Yet it is fair to state that in these few unsuccessful cases, the bladder had healed, or they lived through the time generally required for the closure of that organ. Chronic disease of the liver; pleurisy imprudently excited by the patient himself, when about to quit his bed; inflammation of the kidneys, with complete suspension of urine; and abscess of the same organ, which existed before the bladder was cut, were the prominent causes of failure in these four subjects.

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[1] Intelligencer for June 1, 1837, p. 89.

"The following catalogue can be honestly presented, and were it necessary, sworn to:—

In Robt. Beatty's private hospital, Lexington,	122
Judge Hill, near Bardstown, Ky.,	1
Parson King, on the banks of the Cumberland, Ky.,	1
Parson McConnico and Mr. White, in Tennessee,	2
In Madison County, Ky.,	1
In Paris, Ky., Mr. Hughs,	1
At Wickliffe's Hotel, Lexington,	2
At Porter's Hotel, Lexington, Mr. Broadwell's son, of Ky.,	1
At a private house, Lexington, Mr. Moore, Nicholas city, Ky.,	1
" " " Jas. Bradford, of Tennessee,	1
At his house in Lexington, Mr. Bradford,	1
At Mr. Paul's in Lexington,	1
Private house, Lex., Mr. Porter's son,	1
" " negro boy of Mr. Shannon's, Louisville, Ky.,	1
" " negro boy of Mr. Rodes's, Richmond, Ky.,	1
At Mrs. Broom's, a little girl, Lex.,	1
At his own house, Lex., Mr. Vanpelt,	1
A private house, opposite Mr. Vanpelt's,	1
At a private house, Davis's son, Shippingport, Ky.,	1
Mr. Owen's, his own house, Lex.,	1
Negro boy of Mrs. Halloway's, private house, Lex.,	1
At Mrs. Mitchel's, Lex., a young lady from Tennessee,	1
Mr. Vigus's son in Lexington,	1
Mr. Tourman, private house, from Albany, Ind.,	1
At Mr. Moore's, Lex., L. Reser's little boy, Ky.,	1
At Professor D.'s office,	1
Mr. Ferguson's son, Lex.,	1
On upper street, Lex., a little girl,	1
At a private house, Lex., Mr. Thurston, of Ky.,	1
" " Market street, Lex., little girl,	1

Dr. Bush affirms, that "it is in the thorough preparation of his patients, that Professor Dudley has achieved such brilliant triumphs for the noble art of surgery."

Enormous Fibrous Tumour.—M. Guillon, physician at Cozes,[1] has described the case of a man, fifty-eight years of age, in whom two tumours became gradually developed in the abdomen and one in the scrotum—of the consequences of which he ultimately died. The colour, on a *post-mortem* examination, was of a pearly white; and the consistence such that it gave the same sensation on pressure as the soft and gelatinous animals—the *medusæ.* It might have seemed, indeed, to contain hydatids; but, on cutting into it, its fibrous character was manifest. The tumour of the scrotum was much firmer than those of the abdomen.

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[1] La Presse Médicale, Avril, 1837.

The aggregate weight of the tumours was one hundred and twenty pounds.

Friction with Croton Oil in Hoarseness.—In a case of chronic hoarseness, with morbid secretion from the bronchial tubes, and cough, Dr. Sauer recommended that a few drops of the croton oil should be rubbed on the larynx. This produced inflammation of the skin, which lasted for fourteen days, but the hoarseness and other symptoms were wholly removed by it.[1]

Brandreth's Pills.—A correspondent of the "Boston Medical and Surgical Journal,"[2] sends to the editor the following recipe, "which," he says, "was obtained from an individual in New York, who has the means of knowing that it is the prescription made use of in the manufacture of this celebrated nostrum."

R. Colocynth ℥iv.
Aloes ℔ii.
Gambog. ℔i.
Sapon. ℔ss.
Ol. menthæ. pip. f. ʒii.
Ol. cinnam. f. ʒi. M.

Radix Vincetoxici in Dropsy.—The root of the Aselepias Vincetoxicum, "swallowwort,"—a European plant—has not been much used of late in medicine. Recently, Dr. Kleeman, formerly Physician to the Circle, at Hirschberg, has recommended it as one of the best antiphlogistics we have. An infusion of two to four ounces, made of two drams of the root, promotes the urinary and cutaneous secretions; and the decoction acts as an emetico-cathartic.[3]

Causes of Suicide.—The *Journal du Commerce* of Paris gives the following statistics of suicide in that Metropolis:—

"Of one hundred and twenty-five women who attempted self-destruction, but who were not able wholly to accomplish that fatal resolution, Dr. Scipion Pinel ascertained that six were driven to this desperate act by grief for having lost their children, two by fretting at not having any, nineteen by misery and dereliction, five by jealousy, seven in consequence of childbed, four by grief for being at the hospital, three by imitation, five by trifling quarrels, nine by political terrors in June, 1833, eleven by religious excitement, thirteen by disappointment in their marriages, three by remorse at having stolen, four by remorse at having deceived their husbands, thirteen in consequence of a disorderly life and prostitution, and twenty-one by the bad behaviour and ill-treatment of their husbands. In every one of these cases the confessions of these poor wretches are precious for science and morality. Another equally interesting circumstance is the manner of death they had adopted: Twenty-seven suffocated themselves with charcoal, fourteen threw themselves into the Seine, two took vitriol, twelve starved themselves, thirty-five attempted to jump out of their windows, five tried to strangle themselves, one to burn herself by setting her bed on fire, seven by inflicting wounds in their necks, five in their chests, one cut the arteries of her arm, twenty-one attempted to hang themselves. Suicide most frequently occurs between twenty-seven and forty years of age."

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[1] Beiträgen zum Sanitäts-Berichte des Potsdamer Regierungs-Bezirka, und Medicinische Zeitung, No. 32. Aug. 10, 1836, s. 158.

[2] For Oct. 18, 1837, p. 178.

[3] General-Sanitäts-Berichte für Schlesien, und Medicinische Zeitung, No. 51, December 21, 1836, s. 264.

Bowdoin College.—Dr. Joseph Roby, of Boston, has been appointed Lecturer on Anatomy and Surgery, for the ensuing term, in the medical department of Bowdoin College, at Brunswick, Maine.

In noticing, in a commendatory manner, this appointment, the editor of the "Boston Medical and Surgical Journal"[1] adds the following pungent remark. "There are still several medical gentlemen in this city, who, were they transplanted three months in the year into the deserted lecture rooms of waning colleges, hither and thither, which might be named without slander, would rouse them from the Rip Van Winkle slumbers into which they have unhappily fallen, in consequence of trying to force professors upon the public in the character of great men, when the fact is notorious that some of them would appear to better advantage in less elevated stations."

Physiological Society.—It appears that a society has been formed in Boston, under the name of the "American Physiological Society," at which a course of lectures is delivered. The introductory discourse was given by Dr. B. Haskell, of south Boston, and has been highly commended.[2]

We are glad to see such institutions established. Living anatomy—*anatome animata*, as Haller termed it—must be regarded as the basis of all our pathological and therapeutical deductions. Without an acquaintance with the healthy manifestations we can know but little of the pathological aberrations; and without an adequate acquaintance with both, our therapeutical indications cannot be correctly established.

Medical Schools of Baltimore.—The editor of the "Boston Medical and Surgical Journal"[3] errs when he affirms that there is any contest in Baltimore between the Regents' Faculty of Physic of the University of Maryland, and the Washington Medical College, as to which is the "legitimate Simon Pure." The contest is between the former body, consisting of the old professors of the faculty of physic, and the new professors, appointed by the trustees. Each of these claims to be *the* Faculty of Physic of the University of Maryland.[4]

The Washington Medical College is a separate and distinct institution; and if both the faculties of physic of the University of Maryland proceed to give lectures, as they have announced their intention of doing, there will be three medical schools in Baltimore during the ensuing winter.

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[1] For Oct. 18th, 1837, p. 176.

[2] Boston Medical and Surgical Journal, Oct. 18th, 1837, p. 177.

[3] Ibid. p. 177.

[4] American Medical Intelligencer for Oct. 1, 1837, p. 253.

Remarkable effect of Creosote.—Dr. Buttmann, of Vietz, Circle of Landsberg, has given the case of an old lady, upwards of seventy years of age, in which the use of the solution of creosote appears to have been followed by surprisingly beneficial effects. She had laboured for several years under œdema of both legs to such an extent as to interfere materially with progression. She experienced lancinating pains in both feet, and irregular paroxysms of fever. Many internal and external remedies had been employed in vain, when Dr. Buttmann, by way of experiment (versuchsweise), applied cataplasms of creosote, soon after which the swelling, very much to his astonishment, gradually disappeared, and with it the febrile attacks.[1]

BOOKS RECEIVED.

From Dr. Ely Parry, the Treasurer of the Institution.—Introductory Lecture delivered at the opening of the Lancaster Conservatory of the Arts and Sciences and City Lyceum. on the evening of July 3d, 1837. By the Rev. C. Fr. Crusé. 12mo, pp. 28. Lancaster, 1837.

[A very creditable production. We thank the members of the " Conservatory" for the honour they have done us personally].

From Professor Hall.—Circular of the Regents' Medical Faculty of the University of Maryland. 8vo, pp. 8. Baltimore, 1837.

From the Author.—Thoughts on Schools of Medicine, their means of instruction, and modes of administration, with references to the schools of Louisville and Lexington. By Charles Caldwell, M. D. 8vo, pp. 32. Louisville, 1837.

From the Author.—Observations on the Operation of Lithotomy; illustrated by Cases from the practice of Professor B. W. Dudley. By James M. Bush, M. D., &c. (from the Transylvania Journal of Medicine). 8vo, pp. 21. Lexington, Ky., 1837.

From Professor Dunbar.—Circular of Washington Medical College of Baltimore, September, 1837. 8vo, pp. 8. Baltimore, 1837.

From Dr. Thos. Jefferson White, of St. Louis, Mo.—Act of Incorporation, Constitution, and By-Laws, of the Western Academy of Natural Sciences at St. Louis. 8vo, pp. 15. St. Louis, 1837.

Medico-Chirurgical Transactions, published by the Royal Medical and Chirurgical Society of London, for 1836. Vol. XX. 8vo, pp. 402. London, 1837.

Guy's Hospital Reports, No. 4, April, 1837. Edited by George H. Barlow, M. A. and L. M. Trin. Col. Camb., and James P. Babington, M. D., Trin. Col. Camb., &c. 8vo, pp. 310. London, 1837. Numerous plates.

Letter to Dr. A. Brigham on Animal Magnetism; being an account of a remarkable interview between the author and Miss Loraina Brackett while in a state of somnambulism. By William L. Stone, (with a motto). 8vo, pp. 66. New York, 1837.

From the Author.—Sketch of the Medical Topography of the Hundred of Penwith, comprising the district of the Landsend, in Cornwall. By John Forbes, M. D., F. R. S., &c. 8vo, pp. 229. Worcester, 1836.

[From Vols. II. and IV. of the Transactions of the Provincial Medical Association. An interesting account of a district of England much recommended to the consumptive, and which is the seat of numerous mines. The " Sketch" contains valuable contributions to the history of the diseases of miners].

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[1] Beiträgen zum Sanitats-Berichte des Frankfurter Regierungs-Bezirks, und Medicinische Zeitung, No. 49, December 7, 1836, s. 252.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. November 15, 1837. No. 16.

Art. I.—BRITISH ASSOCIATION, (MEDICAL).

We cite the following report of the medical transactions of the "British Association," which met lately at Liverpool, from a recent English periodical.[1] It is stated to be taken partly from the *Athenæum*, and partly from an original report.

President.—William Clark, M. D.

Vice Presidents.—Jas. Carson, M. D., F. R. S.; Peter Mark Roget, M. D., Sec. R. S.; Robert Bickersteth, Esq.; Professor R. T. Evanson, M. D., M. R. I. A.

Secretaries.—James Carson, Jun., M. D.; J. R. W. Voss, M. D.

Committee.—Neil Arnott, M. D., F. R. S.; Richard Bright, M. D., F. R. S,; Hugh Carlisle, M. D.; James Copland, M. D., F. R. S.; Professor Richard T. Evanson, M. D., M. R. I. A.; Richard Formby, M. D.; Augustus B. Granville, M. D., F. R. S.; John Houston, M. D., M. R. I. A.; James Johnson, M. D.; James Macartney, M. D., F. R. S.; Charles Herbert Orpen, M. D.; Wm. Henry Porter, Esq.; Charles B. Williams, M. D., F. R. S.; John Yelloly, M. D., F. R. S.

Liverpool, Monday, Sept. 11, 1837.

Dr. Roget stated that he presided on this occasion owing to the absence of Professor Clark, whose arrival was expected.

The second report of the sub-committee, appointed by the association to investigate *the Motions and Sounds of the Heart*, was read by Dr. Charles Williams.

Before describing their last investigations, the committee stated that they had found frequent opportunities of confirming the conclusions of their former researches on the natural sounds of the heart; and these conclusions not having been shaken by any subsequent experiment or well-founded objection, the committee consider them established; viz. that the first sound of the heart is *essentially* caused by the sudden and forcible tightening of the muscular fibres of the ventricles when they contract; and that the second sound essentially depends on the reaction of the arterial columns of blood on the semi-lunar valves of the arterial orifices, at the moment of the ventricular diastole. Certain other circumstances were stated, as being capable of adding to or modifying these sounds.

The chief subjects of their present enquiry were, the unnatural, or morbid sounds, sometimes heard in the heart and arteries; and in investigating the causes of these sounds, which Laennec compared to blowing, filing, sawing, purring, and cooing, or musical sounds, they sought to determine, 1st, What is the essential physical cause of these sounds; and 2d, in what manner disease can develope this physical cause; a correct answer to these enquiries would determine the value of these sounds as signs of disease.

The committee found that they could produce precisely the same sounds in every variety, by impelling, in various modes and degrees, a current of water through India rubber tubes; and by numerous experiments, they ascertained the relations which the character of these sounds bore to the nature of the impediment, and to the force of the current. They obtained similar results on experimenting on the arteries of living animals; and discovered, that in the human subject the same sounds may be produced by simple pressure, not only in the arteries, but in the veins also. They found that the sounds heard in the neck, described by some eminent French writers under the names "bruit de diable" and "bruit de mouche," as signs of a particular morbid condition, which requires the use of certain remedies, may be produced at will, by the pressure of the stethoscope on the jugular veins of the healthiest persons; and is, therefore, not necessarily a sign of disease, but has probably been accidentally caused by the same pressure, in many cases in which it has been considered as a morbid sign.

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[1] London Medical Gazette, Sept. 23d, 1837, p. 946.

The committee conclude, in answer to the first enquiry, that a certain resistance to a moving current is the essential physical cause of all the various sounds in question, and that this resistance is generally given by some pressure on, or impediment in, the tube through which the current moves; but that sometimes the resistance is caused by a change in the direction of the current by which it is made to impinge on the walls of the vessel which contains it.

The second enquiry the committee think can be fully answered only by extensive clinical and pathological observation, with due regard to the previous investigations; but they have planned some experiments that promise to elucidate certain obscure points of the pathology and diagnosis of diseases of the heart and arteries, the knowledge of which would be of direct practical advantage. These points the committee propose to investigate, if the association think fit to reappoint them to this office.

The thanks of the section were voted to the sub-committee, and the members were requested to continue their labours.

Mr. Brett then read a paper—

"*On the Physical and Chemical Characters of Expectoration in different Diseases of the Lungs, with some Preliminary Remarks on the Albuminous Principles existing in the Blood.*"

The remarks on the blood referred more particularly to a general view of the albuminous principles existing in that fluid. The simplest view which could be taken of the vital fluid, is that which refers its constitution to a mixture of fluid, or soluble and insoluble albumen,—the one constituting what is termed the serum, the other the crassamentum or cruor. The author of the paper then proceeded to relate the different opinions which had been published on the specific gravity of the blood, quoting the statements of Berzelius, Gmelin, Dumas, and other chemical philosophers of distinction; at the same time remarking, that all these statements did not differ materially from each other, and might be considered as depending upon the fact, that the specific gravity of the blood might differ slightly, not only in different individuals, but in the same individual at different times. He then noticed the different modifications of albumen existing in the serum, which he divided into three forms:—1st, Soluble or free albumen, capable of undergoing coagulation by heat; 2dly, Albumen in combination with a basic body, viz. soda; and 3dly, A form of albuminous matter, which he termed "the colourless self-coagulating albuminous principle."

The crassamentum, as it is commonly called, of the blood, he also considered as made up of more than one form of *solid albuminous* matter, viz. of solid albumen capable of undergoing decoloration by ablution with water, and of solid albumen incapable of being decolorated by the same process; the former being insoluble, and constituting what is commonly understood under the name of fibrine, the latter soluble in water, and frequently designated red particles, or *hæmatosine.* Some remarks then followed on the microscopic examination of the blood, and on the different forms of the globules in different animals. The author then proceeded to detail the various physical characters of the expectoration in the healthy condition of the lungs, as well as in its varied morbid states. The physical characters of saliva were entered upon, and the globularity of its opaque portions alluded to. The physical characters of expectoration in the pituitous catarrh of Laennec were then detailed; also those of the expectoration in acute and chronic bronchitis, in hæmoptysis, or pulmonary apoplexy, in pneumonia, and lastly, in different stages of phthisis. The chemical characters of these different modifications of expectoration were then fully treated of, and reference made to a tabular arrangement which the author had embodied in his papers, exhibiting the action of certain re-agents—first on saliva and then on the different forms of sputa, the physical characters of which had been already fully noticed. It was remarked, that saliva did not contain any soluble albumen capable of undergoing coagulation by heat; neither did it contain any solid albuminous matter, the main bulk of the solid contents of that secretion being mucus. The mode of analysis adopted was, to deject saliva in cold water, and then subject the filtered fluid to the action of certain re-agents; another portion of saliva was then dissolved in a caustic alkali, and the alkaline solution subjected to the agency of certain tests. The quantity of solid matter in a given weight of saliva was also announced, as well as the saline matters, and their chemical nature stated: different authorities bearing on the subject were quoted, especially the statements of Berzelius and L. Gmelin. The chemical characters of expectoration in pituitous catarrh were then described, and a mode of analysis was stated to have been adopted, analogous to that employed in the case of saliva; this modification of sputum was regarded as purely mucous, possessing no albuminous matter; it was found to contain a very small proportion of solid matter in a given weight, but the quantity of saline matter was found to be considerable, when compared with the quantity of solid matter; and this saline matter the author's experiments led him to conclude was diminished in quantity as the disease progressed. The chemical nature of sputum of the acute and chronic bronchitic character was then entered upon, and noticed as differing in certain respects from the preceding form of expectorated matter, in containing, for example, a much larger proportion of solid matter in a given weight than was found in simple pituitous expectoration, and generally a smaller proportion of saline matter; it also differed in containing, generally speaking, small quantities of soluble albumen, capable of undergoing coagulation by heat.

Pneumonic expectoration was then treated of, and noticed as principally made up of a tough mucoid secretion intermixed wlth blood, to which last was owing its peculiar rust or brick-red colour, and also its power of undergoing, to a certain extent, coagulation by heat when mixed with water and filtered; it was also found to differ from most other forms of expectorated matter, in containing no inconsiderable quantity of oxide of iron, derivable from the blood with which it is impregnated. Phthisical expectoration was the last form of sputum, the chemical characters of which were described. It was noticed as differing materially in different stages of the disease—in the earlier and middle stages scarcely not at all—for the most part, at least, differing from the expectoration met with in chronic or acute bronchitic affections: in the latter stages, however, not unfrequently possessing the characters of a simple collection of puriform matter, containing very large quantities both of soluble and solid or insoluble albumen; much solid matter also in a given weight, with the ordinary saline matters found in other varieties of sputa, superadded to which was a notable proportion of oxide of iron. It was stated, that in no disease, except phthisis, did the expectoration contain so much soluble albumen capable of undergoing coagulation by heat; and also in no disease except pneumonia was there so large a proportion of solid matter in a given weight of the expectoration: this observation referring, however, to the sputum in the latter stages of phthisis, where it puts on the character of a collection of puriform matter. Allusion was then made to the fatty matter existing in exectorated fluids, which was found to be the same in quality in almost every variety of sputum, but differing in quantity, being much greater in quantity in well-marked phthisical expectoration than in any other variety. The fatty matter was peculiar, too, from the high temperature which it required for its fusion, it being considerably higher than that necessary for the fusion of the more ordinary forms of fatty matter, and even higher than that required for cholesterine: this fatty matter was soluble in alcohol and ether, being deposited from the former when its boiling solution cooled. The author also referred to the power which a galvanic current, even of low intensity, possessed of coagulating the aqueous fluid, obtained either by digesting saliva, or any of the modifications of expectorated matter before alluded to, in water, and filtering the fluid. This coagulation was not regarded by the author as proving the presence of albumen, because, in cases in which the galvanic current effected the change in question, the most delicate re-agents with which chemists are acquainted for the detection of albumen, failed to detect the slightest trace. The author then detailed his experiments on crude and softened tuberculous matter; he submitted the former to the action of the same re-agents as he employed to react upon ordinary fibrine, and was led to conclude that the crude tubercle did not differ chemically from solid albumen or fibrinous matters. The mode of analysis employed in examining the crude and softened tubercle, was the following:—It may be observed that the crude tubercle was examined side by side with ordinary fibrin; the crude tubercle was dissolved in a weak solution of caustic potass; a similar solution of fibrinous matter was obtained, and both submitted to the action of the same re-agents, with results as nearly similar as possible. The agents employed were the mineral acids, acetic fluid, and ferrocyanide of potassium, tinct. galls, corrosive sublimate, &c. The softened tuberculous matter was first dejected in water, and then filtered; the filtered fluid, when submitted to re-agents, was found to contain soluble albumen,—that portion of the tubercle insoluble in water, was dejected in a weak alkaline fluid, by which a solution was obtained. This alkaline solution, when submitted to the necessary re-agents, indicated the existence of solid albuminous matter or fibrin; hence the softened tubercle was regarded as analogous in its chemical characters to purulent matter. Experiments were then made on the tuberculous matter, which had undergone perfect softening, and the result was, that the latter was chemically identical with pus; from which it was deduced that fibrinous matter was, by a process of softening or fluifaction, converted into actual pus, and hence a fruitful source of the abundantly albuminous fluid found in the expectoration of patients in the latter stage of phthisical disease. The author then concluded his paper by stating the results of a quantitative analysis of the expectoration of a marked puriform character, obtained from a patient in the last stage of phthisis. It was found to consist of water—albuminous matter, with a little mucus—extractives, soluble in alcohol; ditto, soluble in water; fatty matter—saline matters, consisting of the alkaline chlorides, phosphates, and carbonates, with earthy phosphates and oxide of iron.

TUESDAY, SEPTEMBER 12th.—*Dr. Carson in the Chair.*

Dr. Holland read a paper—

"*On the Cause of Death from a Blow on the Stomach, with remarks on the means best calculated to restore animation suspended by such accident.*"

The writer commenced by stating, that the occurrence of death from a blow on the stomach has never received any full or satisfactory consideration. It is cursorily alluded to in treatises in which cases of sudden death, from a supposed impression made upon the nervous system, are discussed; and it is mentioned in this connection from being imagined to depend on the same mysterious cause. The cause of death from a blow on the stomach is referred to a shock communicated to the nervous system, by which the action of this organ is arrested. The primary impression is considered, by some, to be made upon the semilunar ganglion. The situation which this occupies, and not any peculiarly intimate connection which it has with the heart, has suggested this explanation. Were it unequivocally shown that the heart derives its contractile power from this ganglion, and that this is injured, or in any way affected by the blow, cause and effect would be too indissolubly united to admit of dispute. No one has, however, shown that the heart receives its nervous energy from such source, nor are there any facts demonstrating that this ganglion is injured or its functions disordered by a blow. No distinct evidence is, indeed, presented, proving that this occurs; writers on this subject speak only of suspended or deranged nervous action, and the effects of a shock on the nervous system.

The circumstances which have led to the adoption of the prevailing notion, may perhaps be reduced to three:—1. Situation of the ganglion. 2. The spot where the blow is received. 3. And the consequent fatal effect. These circumstances are the only reasons adduced; and yet, without other corroborating facts, they are scarcely deserving of notice. If the plexus or semilunar ganglion be considered as a centre of nervous energy, this does not supply the heart or chest generally, but, indeed, the aorta and abdominal viscera; and hence a blow on the pit of the stomach, were its effects transmitted directly through the nervous system to the organ supplied by it, would be more likely to disturb the functions of these viscera than the action of the heart. It is not unphilosophical to contend that an injury inflicted on this centre will disturb the organs dependent upon it; but the heart receives nervous influence from the brain, spinal cord, and sympathetic nerve, previous to the formation of the lunar plexus or ganglion; and, therefore, if affected through either, it cannot be explained to depend on the deprivation of nervous fluid, but on the transmission of an impression or undulation.

In entering upon this enquiry, the first step was to determine the important organs peculiarly liable, from their situation and functions, to be deranged by a blow on the stomach. Those were the aorta and vena cava ascendens. The pit of the stomach is unquestionably the situation where these large and important vessels are alone liable to severe functional derangement from a blow. Above this point they are securely protected by the parietes of the chest, and below it by the mass of abdominal viscera. A blow in this situation has necessarily a tendency, whether it strike the artery or the vein, to urge the circulating fluid towards the heart. Nature, by means of the semilunar valves, has prevented the frequent occurrence of such an accident; but the violence of the blow is quite sufficient to overcome this obstacle or barrier to the retrograde motion of the blood. The fatal result is to be referred to the sudden propulsion of arterial fluid into the left ventricle, and not to the greater force with which the venous blood may possibly be returned to its destination. In discussing this subject there are three points to which especial attention should be given. 1st. Is the aorta so situated as likely to be influenced in the manner stated? 2dly. Would a blow, given with great violence, cause a retrograde motion of blood, and its entrance into the left ventricle? 3dly. Would the latter circumstance be sufficient to cause death?

The latter part of the paper was occupied in endeavouring to establish the principles laid down; showing that death from a blow on the stomach is not, as has always been considered, referable to any injury or impression made on the nervous system.

Dr. John Reid then gave an account of an *Experimental Investigation into the Glossopharyngeal, Pneumogastric, and Spinal Accessory Nerve.*

This communication which was but a short epitome of some lengthened observations which Dr. R. had drawn up on this subject, embraced the principal results which he had deduced from an extensive series of experiments, performed by himself, upon those complicated and important nerves generally included under the eighth pair.

Glossopharyngeal.

The experiments on this nerve were all performed on dogs, and were twenty-seven in number. Seventeen of these were for the purpose of ascertaining if it was to be considered a nerve both of sensation and motion, and what were the effects of its section upon the associated movements of deglutition and on the sense of taste. The other ten were performed on animals immediately after they had been deprived of sensation, with the view of satisfying himself more thoroughly how far it is to be considered a motor nerve. The most remarkable effect witnessed in these experiments was an extensive convulsive movement of the muscles of the throat and lower part of the face, on irritating this nerve in the living animal, provided the irritation was applied to the trunk of the nerve before it had given off its pharyngeal branches, or was applied to one of the pharyngeal branches separately. These movements were equally well marked when the nerve was cut across at its exit from the cranium and its cranial end irritated, as when the trunk of the nerve and all its branches were entire. The conclusions drawn from a review of the whole experiments were these:—That this is a nerve of common sensation. That mechanical or chemical irritation of this nerve before it has given off its pharyngeal branches, or of any of these branches individually, is followed by extensive muscular movements of the throat and lower part of the face. That the muscular movements thus excited, depend not upon any influence extending downwards, along the branches of this nerve to the muscles moved, but upon a reflex action transmitted through the central organs of the nervous system. That these pharyngeal branches of the glosso-pharyngeal nerve possess endowments connected with the peculiar sensations of the mucous membrane upon which they are distributed, though we cannot pretend to speak positively in what these consist. That this cannot be the sole nerve upon which all these sensations depend, since the perfect division of the trunk on both sides, if care be taken to exclude the pharyngeal branch of the par vagum, which lies in close contact with it, does not interfere with the perfect performance of the *function of deglutition.* That mechanical or chemical irritation of the nerve immediately after an animal has been killed, is not followed by any muscular movements, provided that care be taken to insulate it from the pharyngeal branch of the par vagum; and here, again, an important difference between the movements excited by irritation of the glossopharyngeal and those of the motor nerve is observed, for, while movements produced by the irritation of a motor nerve, such as the pharyngeal branch of the par vagum, continue for some time after the functions of the central organs of the nervous system have ceased, those from irritation of the glossopharyngeal are arrested as soon as all decided marks of sensation disappear. That the sense of taste is sufficiently acute after the perfect section of the nerve on both sides, to enable the animal readily to recognise bitter substances. That it may probably participate with other nerves in the performance of the function of the sense of taste, but it certainly is not the special nerve of that sense. That the *sense of thirst* does not depend entirely upon this nerve.

Pneumogastric or Par Vagum Nerve.

From the results of thirty experiments upon the par vagum, he is convinced that severe indications of suffering are induced by pinching, cutting, or even stretching this nerve, in almost all those animals operated on. In several experiments, in which the trunk of the par vagum was compressed by the forceps for a few moments, it was observed that in some of these cases powerful respiratory movements were thus produced, and were followed by struggles, yet no tendency to cough, and no act of deglutition which could be fairly attributed to this cause.

Pharyngeal Branches of the Par Vagum.

From seventeen experiments performed on dogs, either when alive or immediately after being deprived of sensation, he concludes that these are the motor nerves of the constructors of the pharynx, the stylo-pharyngeus, and palatine muscles; and that the sensitive filaments of these nerves must be comparatively few, if, under ordinary circumstances, they exist at all. Section of the pharyngeal branch of the par vagum on both sides, was followed by very considerable difficulty of deglutition, in which the food appears to be forced through the passive bag of the pharynx by the powerful movements of the tongue, and of the muscles which move the hyoid bone and larynx.

Laryngeal Branches of the Par Vagum.

On irritating the superior laryngeal nerve by galvanism, or by pinching it with the forceps, when the glottis was exposed to view, no movement of the muscles which dilate or contract the aperture of the glottis is observed. Upon looking at the anterior part of the larynx, upon which the external laryngeal branch of this nerve is chiefly distributed, vigorous contractions of the crico-thyroid muscle, by which the cricoid cartilage is approximated to the thyroid, were always seen. On irritating the inferior laryngeal, obvious movements of the muscles which dilate and enlarge the aperture of the glottis followed. In some cases these movements were very vigorous, and it was observed that these did not produce an enlargement of the glottis, but, on the other hand, the arytenoid cartilages were approximated, so as in some cases to shut completely the aperture of the glottis. It was also distinctly observed, that the only outward movements of the arytenoid cartilages were merely produced by their return to their former position after they had been carried inwards.

From these experiments it was concluded, that all the muscles which move the arytenoid cartilages receive their motor filaments from the inferior laryngeal or recurrent nerves; and as the force of the muscles which shut the glottis preponderates over that of those which dilate it, so the arytenoid cartilages are carried inwards when all the filaments of one or both of these nerves are irritated.

These experiments also show us, that one only of the intrinsic muscles of the larynx receives its motor filaments from the superior laryngeal, viz. the crico-thyroid muscle, and that, consequently, the only change which the nerve can produce on the larynx as a motor nerve, is that of approximating the cricoid cartilage to the thyroid; in other words, of shortening the larynx. We shall see how far this view is supported by the subsequent experiments upon the living animal.

The superior laryngeal nerve was cut on both sides in two dogs and one rabbit, and these animals readily swallowed both solids and fluids, without exciting cough or the least difficulty of breathing. The lungs of these animals were carefully examined after death, and none of the food taken could be detected in the air-tubes. In several animals the superior laryngeals were first cut, and the inferior laryngeals immediately afterwards; and it was ascertained that the previous division of the superior laryngeal did not prevent the difficult breathing and symptoms of suffocation, which not unfrequently follow the division of the inferior laryngeal nerves, especially in young animals.

To procure still more positive assurance of the effect of section of the different laryngeal nerves upon the movements of the glottis, these four nerves were exposed in a full-grown cat, and the larynx was then dissected out, and brought forward, without disturbing the nerves. After watching for a little the vigorous movements of the muscles of the glottis, seen during the struggles, crying, and increased respiratory movements of the animal, the inferior laryngeal were then cut across, and instantly all the movements of the muscles of the glottis ceased, and the arytenoid cartilages assumed the position in which they are found after death. The superior laryngeals were then cut, without effecting the slightest enlargement, or any other change, upon the glottis. As the arytenoid cartilages were now mechanically carried slightly inwards during the rushing of the air through the diminished aperture of the glottis in inspiration, by which this aperture was still farther contracted, its edges were kept apart with the forceps until an opening was made into the trachea to prevent the immediate suffocation of the animal.

The glottis was brought into view upon another cat, as in the preceding experiment, and the motions of the muscles of the glottis were again watched for a short time. The superior laryngeals were then cut, without diminishing in the least any of the movements of the arytenoid cartilages. The sides of the glottis were approximated, as in crying, so as to form but a narrow fissure; and in struggling the aperture became completely closed, in the same manner as when the superior laryngeal nerves were uninjured. It must be at once obvious, that these experiments are completely subversive of the statement that the inferior laryngeal supplies those muscles only which open the glottis, while the superior laryngeal nerves furnish the motor filaments to those muscles which shut the glottis; they also illustrate, in a very satisfactory manner, the cause of the dyspnœa in some cases where the inferior laryngeal nerves are cut or compressed.

Dr. Reid has also satisfied himself, that, when any irritation is applied to the mucous membrane of the larynx in the natural state, this does not excite the contraction of these muscles by acting directly upon them through the mucous membrane, but that this contraction takes place by a reflex action, in the performance of which the superior laryngeal nerve is the sensitive, and the inferior laryngeal is the motor nerve. He has also satisfied himself that the muscular contractions of the œsophagus are not called into action by the ingesta acting directly as an excitant upon the muscular fibre through the mucous membrane, but by a reflex action, part of the œsophageal filaments acting as sensitive, and others as motor nerves.

Spinal Accessory.

In seven dogs this nerve was cut on one side, without affecting the ordinary voluntary movements of that side of the neck. In several animals a weak dose of prussic acid was given after the nerve had been cut on one side. In several cases this was followed by prolonged, forcible, and regular respiratory movements, after the animal had been deprived of all consciousness and voluntary motion. In three of these cases distinct movements of contraction and relaxation were observed in the exposed sterno-mastoid muscles, synchronous with the other muscles of respiration. The contractions were perhaps weaker on the side on which the spinal accessory had been cut.

ART. II.—PARTUS SEROTINUS EPIDEMICUS.

Under this title, Dr. G. A. Michaelis, of Kiel, has referred to some protracted cases of utero-gestation observed in the lying-in institution of Kiel, in the year from July 1817 to July 1818.[1]

He finds, from the books of the establishment, that the average duration of pregnancy was 276 days, and the weight of the children—rejecting all under six pounds—was about 7½ pounds, Hamburg measure,—the Hamburg weight being somewhat lighter than most others. In the year alluded to, of 64 cases, there were 19 in which the pregnancy exceeded 300 days; 13 in which it was over 290 days; 19 in which it exceeded 280 days; 10 in which it was between 260 and 280 days; and 3 in which it was less than 260 days. The average of these cases is more than 289 days; 13 days more than the general average.

Although there is much uncertainty in these estimates and probably much inaccuracy, unless nature works differently in Germany from what she does with us—the general average being about 280 days, and extremely protracted cases rare—the probability of some influence of an epidemic character being in action in the case mentioned by Dr. Michaelis is confirmed by the fact, that the average weight of the children in the 64 cases was 8 pounds, or half a pound more than the general average.

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[1] Neue Zeitschrift für Geburtskunde, von Busch, d'Outrepont und Ritgen. Band. iv. Heft. 2, s. 176.

Dr. Michaelis suggests to the officers of similar institutions to institute enquiries with the view of discerning whether similar facts are to be found, applicable to the same period, in their registers.

Art. III.—OBSERVATIONS ON BLENNORRHAGIC EPIDIDYMITIS.

BY M. RICORD.[1]

The following observations are from the distinguished physician to the Hôpital des Vénériens, of Paris.

All the diseases of the testicle may exist during or after blennorrhagia (gonorrhœa); some, although foreign to the running, experience its influence, or modify it in their turn.

But there is one of them which presents itself as a frequent and regular consequence; this is the swelling of the epididymis, to which we ought to give the rigorous term of *blennorrhagic epididymitis*, and which is inappropriately designated blennorrhagic orchitis of the testicle, or, vulgarly, clap (*chaude pisse*) fallen into the scrotum.

The disease, which we here discuss, does not happen once in three hundred times in the first week of the existence of a running, at least in first attacks; it is after the second, and especially the third week, and later, that it is developed. The same proportions are observed with respect to the acute and chronic state of the running.

Apart from the discharge, which is in some measure the special cause—the condition *sine qua non*—the most frequent occasional causes are: fatigue, constipation, the use of excitants of all kinds, and the neglect of a suspensory bandage.

From my observations on patients affected with epididymitis, who entered the hospital, in one twentieth of them the epididymitis showed itself after the use of anti-blennorrhagics, properly so called; for which reason it is not absolutely correct to say that this affection depends more frequently upon the abrupt cessation of the running, produced by the ordinary medicines; the inverse proposition may be sustained, to wit, that the sooner a blennorrhagia is cured the more speedily do we protect the patient from epididymitis.

But there exists an interesting fact, to wit, it has always been agreed that the left testicle was more frequently affected than the right; this proposition, which it has been attempted to destroy by a collection of a score of observations, still remains absolutely true. But it was necessary to know to what was to be attributed the cause of the right testicle oftener escaping the disease; the results of my observation in my attendance at the Hôpital des Vénériens have satisfied me that all those who wore the scrotum to the left of the seam of the pantaloons, and those were the most numerous, had epididymitis on the left; and those who were affected on the right, when asked about their former habit in this respect, affirmed that they carried the scrotum on the right of the seam.

In a later estimate made within the last few days, on fifteen cases of epididymitis of the right testicle, there was only one exception; and, what is curious, it was in an individual, the seam of whose *pantaloons did not*

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[1] La Lancette Française, No. 27, Mars 4, 1837.

reach the perineum. On a patient, who had epididymitis on both sides, and who entered the hospital with disease on the left, although wearing the scrotum on the right, it had commenced in the latter side. On the whole there may be some exceptions; but the principal cause, which determines the side that will become affected, is certainly that which we have just pointed out.

As respects symptomatology, the following is what occurs, and which I can exhibit daily in my numerous cases:—

The first part affected, that in which the disease commences, and in which it may be arrested, *is the epididymis.* There is no blennorrhagic affection of the testicle without epididymitis; the engorgement of the epididymis most frequently succeeds the pain, but sometimes precedes it; the epididymis is the last part that continues diseased, even in complicated cases; after the epididymis comes the spermatic cord, and in the latter, first of all the vas deferens. There is no blennorrhagic affection which is confined to the cord; when the latter is affected the epididymis is always so.

But with regard to the affection of the epididymis and vas deferens there is an important fact to be remarked, which ought to induce us to admit two kinds of epididymitis,—one sympathetic, when the epididymis alone is affected; and the other by succession, or, if it be preferred, gradually, or by propagation of the inflammation when it extends from the urethra to the ejaculatory ducts, and from the latter to the vesiculæ seminales, thence to the vas deferens, and at last to the epididymis, as pathological anatomy has evidenced, and as I have manifested to the Academy in the preparation I lately presented to it.

This is not a trifling distinction as regards prognosis and treatment. Invariably, if the disease becomes intense, the neighbouring parts become affected, either by the propagation of inflammation, or by retardation of their functions. In this way affections of the tunica vaginalis arise; at times, this inflames, and gives rise to all the phenomena proper to inflammations of serous textures,—false membranes, serous and albuminous pus, and exhalations of blood. At other times, and this is the most common case, without participating in the inflammation, it presents the phenomena of sympathetic dropsies, arising under the influence of impediments to the circulation; but in all the cases, which according to my observations do not exceed a fifth, epididymitis is the cause of those symptoms, which never exist alone.

Upon the living I have been assured of this fact by making an exploratory puncture in epididymitis.

In the fifth part of the cases, where there was effusion, five sixths yielded a transparent citrine serosity, without any trace of inflammatory product. In this case also, before the puncture, the transparency of the tunic might be well appreciated.

After the complete discharge of the liquid in one case, the tumour dependent on the engorgement of the epididymis remained at least five times larger than the whole testicle of the opposite side. The swelling in epididymitis takes place gradually or quickly; sometimes it occurs by starts. Effusions into the tunica vaginalis are rarer when it takes place slowly.

If the disease continues to proceed, the cellular tissue of the scrotum and even of the spermatic cord becomes affected, and here we observe what takes place as regards the tunica vaginalis. There is either œdema through impeded circulation, or a true phlegmonous state; at last, the skin of the scrotum whose veins may be only engorged, the capillary circulation being increased, may in its turn present the characters of erysipelatous inflammation.

The body of the testicle, which most frequently remains free from disease, and which only suffers in some sort from pressure, more powerful and painful when the engorgement of the epididymis is joined to hydrocele, participates however sometimes in the disease, as has been shown by pathological anatomy, and as I have manifested to the academy in the case which I presented to it.

Without entering here into details of symptoms and progress, too well known to fix your attention, we may affirm, that in the great majority of cases, in the cure, those parts are cured first which were diseased the last, and what remains most frequently is the nucleus (*noyau*) of the epididymitis.

Hydrocele in particular is commonly sooner cured when it is owing to an inflammation of the tunica vaginalis; that which sometimes resists, and which may be produced a long time afterwards, consists in some measure of a passive effusion.

Epididymitis rarely proceeds to suppuration; I have seen but three cases of suppuration among the numerous patients I have observed; the pus in these cases, as in blennorrhagia, does not inoculate. Suppuration of the cellular tissue of the scrotum, when this arises from inflammation, is perhaps more frequent.

A fact still to be noted, because a contrary opinion is generally professed, is that the running, which frequently becomes very much diminished during epididymitis, never subsides entirely, or at least this does not happen once in two hundred cases; a more abundant return of the discharge takes place when the intensity of the inflammation of the epididymis diminishes; but the artificial increase of the running, during the acute stage of epididymitis, remains without influence on the latter, or aggravates it.

With respect to the diagnosis; amongst other characteristic signs, the accompanying discharge is one of the most constant.

As to prognosis, sympathetic epididymitis is less serious than epididymitis by succession.

The epiphenomena, such as hydrocele, œdema or phlegmon of the scrotum, erysipelas, &c., add, according to their degree of intensity, to the importanec of the case.

As regards the treatment, that which succeeds the best, at first, as a prophylactic, is the use of a suspensory bandage, the antiphlogistic treatment of blennorrhagia, and anti-blennorrhagics used early. Afterwards, as the curative treatment of epididymitis, the horizontal posture, testicle elevated, general and local bleeding, leeches along the course of the spermatic cord and on the perineum, and along with antiphlogistics the use of compression, produce the most happy results.

Compression by means of strips of "*sparadrap de Vigo*," with mercury, in cases of sympathetic epididymitis, cures in four, five, and six days, if it be well applied; it opposes the development of hydrocele, and may strictly, as M. Velpeau has observed, and as I have experienced, allow the patients to devote themselves to their occupations without suffering. But, in order to effect a radical cure and prevent relapses, we must endeavour, whilst we are treating the epididymitis, to stop the running instead of allowing it to continue; for so long as it exists it remains a cause of the disease, which it frequently reproduces.

Art. IV.—SURVIVAL OF THE CHILD AND PLACENTA SEVEN HOURS AFTER THE DEATH OF THE MOTHER.

The independence of the circulation of the fœtus of that of the mother is proved by many facts, but by none more than that the placenta and fœtus may live for some time after the death of the mother. In this country this has been observed for one hour after the decease of the parent; and Marson[1] and Flajani, of Rome, have detailed analogous cases. Recently Dr. Nehr,[2] of Rehau, of the Circle of the Upper Maine, in Bavaria, has described the following case.

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[1] London Medical Gazette, Aug. 1833.

[2] Neue Zeitschrift für Geburtskunde, von Busch, d'Outrepont und Ritgen. Band. iv. Heft. 1, s. 58. Berlin, 1836.

On the 23d of November, 1832, he was summoned to a female, twenty-nine years old, who had died suddenly. Seven hours afterwards, she presented every sign of absolute death; but the abdomen and vagina were still warm. Although there was but little prospect of the child's being still alive, the cæsarean section was performed, and a mature fœtus extracted, with its extremities quite flexible. The navel string, which was around the neck of the child, pulsated strongly, and the placenta was still in connection with the uterus. It was evident that between the child and placenta a complete circulation persisted. The midwife, flurried at the dark colour of the face and apoplectic condition, cut the navel string too soon, and to this, and the difficulty of applying warmth speedily, Dr. Nehr ascribes the non-resuscitation of the child. Respiration could not be established.

In his comments on this case, Dr. d'Outrepont[1] refers to several others of similar character on record.

Art. V.—HOMŒOPATHY IN PARIS.

The following observations are from a recent French journal:[2]

Homœopathy is at a low ebb in Paris. As it has fulfilled none of its promises; as truth always arrives at the proper time and season; as the nullities, follies, and nonsense of this pretended method have struck the least observing; in short, as the *servum pecus* homœopathist has not made his fortune as rapidly as he hoped, the system is judged and reduced to its just and minimum value; the allopathists will ultimately carry the day, which is no difficult task, over their medico-atomical adversaries. In vain have the latter reproached us with not understanding their doctrine; of not knowing how to appreciate the *individual spirit* (*l'esprit individuel*) of the homœopathic remedies; in vain have they disseminated their petty prints, in which they tell of their marvellous cures; in vain does one of their priests—a reformed Saint Simonian—come annually to boast to the Athenæum of the sublime conceptions of Hahnemann; the public turns a deaf ear, and closes its purse; and one of the most extensively employed amongst those gentlemen has just become a proprietor of omnibuses—an evidence of good sense which we applaud.

Here and there we still find a few bigoted sectarians, but they are rare; at this we ought not to be astonished, inasmuch as the imbecile can no more appreciate evidence than the blind light.

Art. VI.—DIRECTIONS FOR THE STUDY OF PHTHISIS IN DIFFERENT CLIMATES.

READ IN THE NAME OF A COMMISSION, BY M. LOUIS.

(Extracted from the Bulletin of the Royal Academy of Medicine.)

We have been favoured by our friend, Dr. H. I. Bowditch, of Boston, with the original of the "*Instruction sur l'etude de la Phthisie considérée dans les divers Climats*,"—of which the following is a translation. That zealous pathological enquirer, and his brethren who constitute the Boston Society for Medical Observation, have determined to return an answer to the questions contained in the report of the "Academy," by analysing the cases of phthisis that occur in the Massachusetts General Hospital, and by collecting cases for themselves during the next six months. We may be allowed to express a hope that the active and enthusiastic members of the profession who are attached to the different hospitals in various parts of the country will not permit the pathologists of Boston to remain solitary in their meritorious undertaking.

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[1] Neue Zeitschrift für Geburtskunde, von Busch, d'Outrepont und Ritgen. Band. iv. Heft. 1, s. 58. Berlin, 1836.

[2] Bulletin Générale de Thérapeutique Médicale et Chirurgicale, Dec. 31, 1836.

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It is proper to refer to the occasion of these directions. A physician was convinced that the climate of Algiers would be favourable to consumptive patients. It was not that he was acquainted with the colony; but he had a presentiment, an idea, suggested by his reading or reflection. However this may have been, preoccupied with this thought, he wrote concerning it to the minister of commerce, on the 16th of July last, and proposed to him to form a sanitary depot in Africa, from which he ventured to predict most happy results. Before engaging in such expenditure, the minister was desirous of procuring the advice of a competent body, and consulted the academy. The reply is contained in the forty-third page of this bulletin. It is there said, in the existing state of science, nothing positive is known on the subject, and that without the assistance of well-formed statistics nothing can be known. Nevertheless the thing was well worth the trouble given to it. As a supplement to this project, M. Louis proposed the formation of a commission, to which the academy should assign the care of preparing directions proper for guiding the researches that might be agreed upon for obtaining the solution of the problem. These directions to be addressed to the correspondents attached to the academy in every part of the globe; for to know the influence of any particular climate on a disease, it is necessary to be acquainted with the manner in which the disease is affected elsewhere. This commission was appointed, and it was in its name that M. Louis made the report, which we now lay before our readers.

Gentlemen,—The Royal Academy of Medicine of Paris, at the termination of a prolonged discussion on the subject of the action of climate on the development and progress of phthisis, having felt that this action was far from being so clearly demonstrated as might be supposed from the practice of an immense majority of physicians, and no point of practical medicine presenting more importance, it has determined to enter upon it without delay.

But this question, like every one presented in medicine, can only be studied by means of numerous and well observed facts, and as it has reference to the influence of climate, these facts ought to be collected in the most varied parts of the globe. The academy is desirous of appealing to all physicians who, from their situation, can accumulate a sufficient number of facts; and it has the less hesitation in doing this, because if it solicits important works to attain the end it has proposed, these works will remain the property of their authors, the academy intending only to unite them, and bring to light the general facts, the elements of which will be contained in them.

Moreover, at the same time that the academy invokes the aid of physicians national and foreign to the solution of one of the most important questions of practical medicine, it has thought proper to make a kind of exposition of principles, or some details on the mode of effecting the labour which it proposes to them, so as to make them simultaneously acquainted with words and things, and this it has attempted to do in the following brief *exposé*.

The first point of importance, in its opinion, is to decide with precision the meaning of the word *phthisis*. By this term the academy understand, with the majority of modern pathologists, that affection which, with few exceptions, leads to death through all the stages of marasmus, and is characterised, anatomically, by productions or tumours, which are developed in the pulmonary parenchyma—are commonly of a round shape, of a greenish yellow colour, and of a homogeneous and dull appearance, are firm, at first difficult to be crushed, but soften after a variable period, empty themselves into the bronchi, and are replaced by more or less considerable excavations, and are commonly preceded by gray semitransparent granulations, which are the origin of them; so that in some cases these granulations exist alone. Every other disease of the pleura and of the lungs, which may lead to death through all the degrees of marasmus, without being connected with the lesion that has just been described, is not considered by the academy to be a case of phthisis.

As to the foundation of the matter, the solution of the question, properly so called, it must appear evident to every one, that the influence of climate on the development and progress of phthisis can scarcely exhibit itself except in the following manner,—either by rendering the disease more uncommon in one country than in another; by accelerating or retarding its progress; or, at once, by rendering the disease more uncommon and slow in its progress, either in natives or strangers, other things being equal as respects age, sex, &c. &c.

The solution of the first question—the rarity or frequency of phthisis—is evidently wholly anatomical, and wherever numerous necroscopies can be made in hospitals, materials may be collected which will serve to resolve it. With this end it will be sufficient to determine, in a certain number of subjects who have succumbed, how many have been carried off by phthisis, or have tubercles in the lungs; provided nevertheless that the hospital in which these facts have been collected is not specially consecrated to the aged or to chronic diseases; for under such circumstances the results to be rigorous would not be less false. The same would also be the case if, in consequence of administrative measures, the consumptive were not received into the hospital in which the facts were collected; for in such a case examples of tubercles would be found only as complications, and we might fall into an error not less serious than the preceding.

It may doubtless be conceived, that, in strictness, the facts relative to the part of the question that occupies us might be confined to a succinct description of the lungs; but in order that they might concur with those of which mention will be made presently, in studying the progress of the disease, it will be requisite to join to this description, whenever possible, the state of the digestive tube, and especially of the larynx, œsophagus, and small intestine; the condition of the mesenteric glands, of the air passages, and of the liver; and lastly the age, sex, and the more or less regular development of the skeleton.

The second part of the question, the progress of the disease, comprises two orders of facts,—the one relative to the subjects that succumb; the other to those that are cured, or whose disease is arrested in its progress. In both cases, a difficult and important circumstance to be determined is the *debut* of the affection;—important, for without it we cannot know the duration of the disease with any precision,—difficult, because it supposes questions very precise, and sufficiently numerous for this sole object; for the first answer of patients to the question—How long have you been sick? is generally inaccurate and insufficient. We must necessarily recur to it, and ask the patients whether, prior to the period indicated, they had fallen away; suffered at all; had pains in the chest, or been affected wish hæmoptysis; and, in case of an affirmative reply to the last question, we should endeavour to know approximately the quantity of blood lost in a given space of time, &c.

The *debut* of the affection being determined, it will be necessary to collect all the symptoms that may characterise its *debut*, or at a later period, when the patient is submitted to observation; and consequently to practise carefully all the methods of exploration.

We may then investigate whether the progress of the disease has been continuous, intermittent or remittent, and what means have been employed to combat it. Here again numerous and *repeated* questions are necessary, for *exact answers are only obtained in this manner*. And at the opening of subjects, who have died, it will be necessary not only to describe succinctly the lungs, but also, as has been mentioned above, to examine whether the secondary lesions, which, in the climate of France, appear exclusively, or almost exclusively, proper to the consumptive, whether the ulcerations of the larynx, trachea, and small intestine, and the fatty condition of the liver exist, for these lesions may not be equally frequent in all climates, and this difference, if it obtains, would indicate, so far as it goes, a difference in the progress of the disease.

And if, instead of leading constantly to death, the affection terminates, in some cases, in restoration to health, it would be necessary not to restrict ourselves to a simple statement of the fact, but to exhibit it in considerable detail, in order that no doubt may hereafter occur as to its reality, or as to the accuracy of the observation, and in order that error may be detected should any exist; for what physician is there who can pretend he has not occasionally committed errors of diagnosis, or who can expect to be credited on a simple assertion?

To the details just given may also be joined those that relate to sex or age, strength, weakness of constitution, profession, and the time they have followed it; the duration of their labour in the same day; their diet, and the moral commotions they have experienced: for without these details the necessary elements would be wanting for properly studying the influence of climate on the development and progress of phthisis.

Moreover, to facilitate the analytical labour of the academy and the comparison which it will have to make of the numerous facts collected in the most varied climes, the details in question, and those that relate to the first part of the problem, should be given in tables; one of which may have reference to the frequency or rarity of phthisis; the other to the progress of the disease; and these tables may be divided into as many columns as there are distinct objects to be placed on them; as we have endeavoured to do in tables 1 and 2,—tables which it may be well perhaps to take as models, for the sake of uniformity.

After the study of the sick comes that of the climate, and especially of localities, which very frequently have a more marked influence than the climate itself on the progress and development of diseases. It will therefore be necessary to make known the degrees of latitude and longitude of the country, in which the mean temperature has been observed for a certain lapse of time, as well as that of each month of the year in the same period; the mean quantity of the rain that falls each year, and each month of the year; the winds, the sudden variations of the atmosphere, the nature of the soil, low or high; the rivers and their direction; the quality of the water; the mountains, their height; the forests and their proportion to the cultivated land; the tempests and mists, &c., and these facts, like the preceding, may be arranged in as many columns, and, if we wish, in the order of table No. 3.

The academy has only requested, in the above, the details which it believes to be absolutely necessary for the solution of the problem it has proposed; but what it desires above all—above even the variety and number of observations—is their *exactness*, without which the most rigorous conclusions would lead only to erroneous results. It is of opinion, that the question proposed should be studied as if it were for the first time, if we would arrive at rigorous and accurate results; and as each of its members has renounced his opinion, at least momentarily, and until better informed, it hopes that those physicians, who will have the goodness to participate in the work which it proposes, will do so without any preconceived ideas; *that they will endeavour to know and not to prove;* that they will regard their mode of viewing the influence attributed to climate on the development and progress of phthisis as *provisional*, until the analysis of the statistical tables which they shall address to the academy enables it to know what is rigorously established on this matter. It hopes also, that they will feel they cannot too soon devote themselves to the investigation of facts necessary for the solution of a problem, which equally interests every part of the civilised world, and which can only be resolved by the united efforts of the physicians of all countries.

E. Pariset, Perpetual Secretary.

Read and adopted in Session of the 17*th of January*, 1837.

TABLE I.

	PHTHISIS.							ANATOMY.		FREQUENCY.	
No.	Age.	Sex.	Temperament.	Skeleton.	Lungs.	Epiglottis.	Larynx.	Trachea.	Œsophagus.	Small intestine.	Liver.
1.											

TABLE II.

	PHTHISIS.										SYMPTOMS.		PROGRESS.				STATE OF THE ORGANS.		
No.	Age.	Sex.	Temperament.	Skeleton.	Profession.	Diet.	Excess.	Debut and duration.	Symptoms at the debut.	Characteristic symptoms at the moment of observation.	Progress.	Means employed.	Lungs.	Epiglottis.	Larynx	Trachea.	Œsophagus.	Small intestine.	Liver.
1																			

TABLE III.

PHTHISIS.										CLIMATE.	LOCALITY.
Longitude.	Latitude.	Mountains.	Forests.	Soil.	Rivers.	Rain.	Humidity.	Mean temperature.	Habitation.	Winds.	Sudden variations of temperature.
No. 1.											

ART. VII.—ASPHYXIA BY STRANGULATION.—RESTORATION TO LIFE.[1]

M. Labat, when walking in the Bois de Boulogne, hearing cries for succour, ran towards the place whence they proceeded, and found a veteran of the Invalids hanging to a tree. With the aid of those present, he raised the body, cut the cord, untied the knot, and although the person gave no signs of life, the hands and face being cold and livid, the eyes seeming to start from their sockets, the mouth frothy, and the tongue projecting between the lips, he hastened to employ the appropriate means for resuscitation, which were ultimately attended with complete success. After having been twice bled at the arm—which was not at first followed by any benefit, and did not yield much blood until after pulmonary insufflation had been employed, and long continued friction, some signs of life were gradually perceptible; the eyes resumed their movement; respiration and circulation were gradually re-established, and ultimately the recovery was complete.

This case suggested to M. Labat certain reflections of therapeutical and medico-legal interest.

1. That we cannot be too guarded against being discouraged by the first ineffectual efforts at resuscitation, when the body is even cold and apparently deprived of life.

2. That in the kind of asphyxia here described, the extent of the danger is far from being in a ratio with the horrible appearance commonly presented by the physiognomy. In fact, when the strangulation is not accompanied by luxation of the cervical vertebræ, death not being the immediate result of the suspension of respiration, the compression made by the cord on the jugular veins causes the blood to accumulate in the brain; the face becomes swollen and livid; the eyes tumefied; the tongue increases in size and assumes a violet hue; and in short the individual presents the progressive symptoms of the apoplectic state, which is not long in becoming mortal; whilst, in consequence of a violent shock, or the mere weight of the body, in certain subjects whose ligaments are naturally weak and easily torn, *axoido-atloidean* luxation readily takes place, and the spinal marrow being itself suddenly compressed and lacerated almost at its origin, death takes place on the instant; all circulatory movement being immediately suspended, the blood cannot accumulate in the brain, and the face cannot present the signs of apoplectic engorgement before mentioned.

3. As regards the projection of the tongue from the mouth, M. Labat has confirmed the view that this phenomenon is owing to the tongue being raised by the pressure of the cord, and in no respect to its engorgement with blood. Thus, in cases of this nature, the tongue only issues from the mouth when the ligature constricts the neck immediately beneath the larynx, whilst its exit never takes place when the cord has produced the strangulation beneath the chin. Lastly, M. Labat concludes, that a person who has been suspended has no chance of safety when his physiognomy appears almost natural, or more properly when it does not present the signs of apoplectic engorgement observed in the person whose case has been described.

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[1] La Lancette Française, Dec. 20, 1836.

BIBLIOGRAPHICAL NOTICES.

Reports of the Massachusetts State Lunatic Hospital.[1]

A series of most valuable reports. Those of Dr. Woodward, the superintendent, are especially instructive. They are well conceived, perspicuously expressed, and replete with sound suggestions. The note, too, in the appendix, on the subject of moral insanity, by the same gentleman, is well worthy of the attention of the medical jurist, and indeed of every one. We wish we had space to transfer it to our pages.

We extract the following " memoranda of the superintendent," touching the domestic affairs of the admirable institution to which he is attached.

" We rise at 6 o'clock, A. M. in the winter, and at half past 4 o'clock in the summer. We require all our patients to be washed, to have their heads combed, and to be fully clad before breakfast, which is at 7 in winter, and 6 in summer. Our dinner is at half past 12 o'clock ; and supper, in winter, from half past 4 to 5,—in summer, from half past 5 to 6.

" At 8 o'clock, A. M. in summer, at half past 8 in winter, we make our regular medical visits, in which we see all the patients, enquire into their welfare, prescribe such medicines as we consider indicated, converse as much as is useful, ascertain the wants of each patient, and direct as to amusements, walks, labour, &c. Previous to this visit, we require that all beds be made, the rooms put in order, swept and ventilated, and the whole of the galleries be in good order, clean, and the air pure. This visit occupies the forenoon, and sometimes more. At 12, the subject of prescriptions is attended to. In the afternoon and evening, the assistant physician spends most of his time with patients in conversation and directing amusements.

" The steward and matron devote their time wholly to the institution, and spend much of it with the patients.

" The assistant physician always accompanies the superintendent in his regular morning visits, and fulfils, or sees executed, all directions given at the time.

" My practice is, to go frequently into the halls at unexpected hours, and generally extensively over the establishment in the evening. In the afternoon I attend to correspondence and make records, and receive such visiters as wish to attend to business connected with the patients, or the affairs of the hospital.

" Our present number of patients is 165. We have 15 regular attendants to take charge of these patients, and one male and female who devote a part of the time to this duty.

" Our present number of persons in employ is 34, including a mechanic, gardener, farmer, housekeeper, cooks, washers, ironers, tailoress, &c. &c.

" We employ no attendant who uses ardent spirits, tobacco, or snuff; who is not mild and kind in his feelings, and steady and faithful to his trust, and strictly moral in all his conduct.

" After breakfast in the morning we call for volunteers to labour. In the whole establishment forty or fifty do more or less labour out of the halls ; a large proportion of the females sew and knit in their apartments.

" In summer we can get out to labour from twenty to thirty men ; we have from ten to twenty mechanics, who could do considerable labour if we had suitable workshops.

" The females do much work in the establishment,—they wash, iron, make garments, sheets, shirts, pillows, mattrasses, beds, and knit many socks and stockings for themselves and families.

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[1] Reports and other Documents relating to the State Lunatic Hospital at Worcester, Mass. Printed by order of the Senate. 8vo, pp. 200. Boston, 1837.

"The amusements which we encourage and practise, more or less, are walking and riding, which are attended to extensively every day in favourable weather. Females ride, and men walk in parties of a dozen or more, and spend much time in the fields in summer. We encourage ball playing, foot ball, ninepins, dancing, singing in parties, reading, writing letters and essays, playing chess, whist, backgammon, chequers, morris, &c. &c.

"On Thursday afternoon of each week are the matron's *sewing parties*, to which all the female patients are invited who are sufficiently steady to attend, and work, or read, or play at games. A large amount of useful labour is done at these parties, and the patients spend their time very pleasantly together, and have fruits, &c. served before they disperse.

"We indulge our patients with fruits at all times, particularly the native fruits in the season of them,—apples, peaches, lemons, &c. are distributed frequently through the halls.

"We use nothing that is intoxicating as a drink in the hospital. Neither cider, wine, beer, or ardent spirits, are allowed in any form, by any person in the establishment, except medicinally. We prohibit smoking entirely, and chewing and snuffing tobacco by our patients as far as practicable. We employ no person who uses either spirits or tobacco, even if he is willing to pledge himself to abandon it.

"Our intercourse with the patients is familiar and parental. They greet us cordially, and generally are ready to acquiesce in whatever we prescribe or advise. We often unite with them in games to encourage amusements. So far as we are able, we gratify their wants and extend to them indulgences.

"Our diet is full and substantial; all our patients eat meat or fish once a day, and some of them twice, unless a simple diet is prescribed, which is rarely done. Tea, coffee, and milk are used liberally in the hospital; so are also butter and cheese. A good diet makes the insane satisfied and contented with the institution, and conduces to sleep at night and quiet by day. We have little or no complaint of the want of food.

"All our patients are kept warm by furnaces, without access to fire. We have never had a patient suffer from cold, and in no instance has there occurred the slightest injury from frost or burning.

"On the Sabbath a number of our patients attend church, and conduct themselves so as not to be distinguished from other members of the congregation.

"A chapel will be erected the current season for stated religious worship on the Sabbath. A large proportion of our inmates would be able to attend with regularity and decency.

"The board of trustees, under whose care the hospital is conducted, visit it every month and examine every part of the establishment, see every patient and direct improvements, establish rules and regulations, and discharge such as have recovered. Three or four times a year the whole board or a majority convene; at other times one or two members only make the visit.

"The institution has been opened very freely to visiters; formerly without restraint as to time or numbers; afterwards the trustees established a visiting day once a week. At present, visiters are admitted by a ticket from the trustees, on the afternoon of any day of the week excepting Sundays."—p. 183.

Dickson on the Fallacy of Physic.[1]

When we first saw this volume we regarded it—as we now regard it—a specimen of the most unmixed nonsense we had ever witnessed; nor should we now have noticed the author's follies, had he not, in most intemperate and indecorous language, remonstrated on the merited rebukes, which he has received in the "British and Foreign Medical Review," and in Johnson's "Medico-Chirurgical Review." It is to corroborate—although corroboration is needless—the opinion of those respectable publications, that we notice the *abortion*, and allow the author to have every benefit which his own reply is capable of affording him. Intermittent fever is in his belief the "type of all disorder;" and all remedial measures may be "embraced in half a line,"—"*attention to temperature.*"

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[1] The Fallacy of Physic as taught in the Schools, with the Development of New and important Principles of Practice. By Samuel Dickson, M. D. 8vo, pp. 180. Edinburgh, 1836.

The following precious *morçeau* will enable the reader to form an adequate judgment of the matter and manner of the author.

> "It is now some years since I first repudiated the lancet as a therapeutic agent—an instrument invented in an age of barbarism, the first and only resource of ignorant pretension in almost every case and country. Dr. James Johnson has not further remarked on this heresy of mine, than to make a passing note in which I allude to the number of cases treated by me in a given time, without depletion, the subject of his sneer, quoting it, moreover, as an instance of my tendency to quackery :—'What! not deplete your patients' purses?' he asks. No! Dr. James Johnson, I answer; never did I take a fee from either a medical practitioner or a servant—classes from whom *I am in a condition to prove*, that you not only take but demand it! Your charge of quackery, sir, I repel, and while I smile at the ineffable meanness and vulgarity of your insinuation, I must remind you of Mr. Jerden's exposure of *your note*, begging for a puff of one of your productions in the "Literary Gazette," of which he is the editor. Sir, I never asked mortal to puff myself or my writings. A proper bribe, I have no doubt, would have secured your advocacy of both. When I first read your review, my intention was to have passed it by in silent contempt. A better resolution succeeded; I felt it my duty to the public at large to expose it, that they too, like myself, might pity and despise you.
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> "Before concluding, let me here warn the youthful student against those pernicious farragos, termed, "Medical Quarter*lies*," publications which, for the most part, are almost exclusively dedicated to the interests of some little professional coterie, who make their pages the vehicle of the puffs by which the most ignorant and illiterate may readily obtain notoriety either as teachers or practitioners. Whatever praises these bestow out of their own immediate clique, are rarely accorded to other than a German mysticism or a French folly—an artificial nosology or Laennec's bauble. [!!] Every thing that clogs the approach to the gates of knowledge, every thing that leads to endless contest and controversy, affords the editors of these bulky tomes ample materials for the vagueness and verbiage which they dishonestly palm upon the inexperienced student in place of true learning and philosophy. For the lovers of truth, and the cultivators of science for its own sake, they reserve their ribald language and scurrility,—a scurrility which, instead of prejudicing the reader against an author's writings, ought, in almost every instance, to be a *prima facie* evidence of their excellence."

If the disapprobation of a production in the "quarterlies" be truly a proof of merit, then may the volume before us be considered rich indeed. As to any other titles to commendation it may possess we freely and honestly declare our entire ignorance.

Curtis on the Preservation of Health.[1]

The character of this author is well known in his own country, and, were it not, it might be gathered from the long advertisement of the Royal Dispensary for Diseases of the Ear—of which "J. H. Curtis, Esq., M. R. I., Aurist to his Majesty," is "Director and Surgeon"—appended to the work before us. The author has been most polygraphic in his writings, and has doubtless found his advantage in the course he has adopted. We notice the present publication chiefly because we have reason to believe, that Mr. Curtis would be most happy to see an American reprint of it, in order that he might emblazon the circumstance by publishing it at the end of his list of "works by the same author," as he has already done the titles of German versions of some of his monographs on the ear.

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[1] Observations on the Preservation of Health in Infancy, Youth, Manhood, and Age; with the best means of improving the moral and physical condition of man, (with a motto.) By John Harrison Curtis, Esq., &c. &c. 12mo, pp. 128. London, 1837.

None of Mr. Curtis's works are positively bad; but we are safe, we think, in saying that not one of them adds to our existing knowledge of the topics on which they treat. They serve no one's purpose except the author's, and to him they act as so many advertisements.

Professor Griffith's Introductory Lecture.[1]

We are not disposed to scan the merits and demerits of introductory lectures too closely. Although we have been induced to publish more than one, in compliance with the desires of the class, we have never felt that much, if any, credit could accrue from them.

The lecture before us is appropriately occupied with some observations on the duties and qualifications of the medical practitioner,—the former of which are too often unheeded, especially as respects what the practitioner owes to his professional brethren; hence the jealousies, envies, and petty malice so frequently observable amongst not only the members of the profession in their individual capacity, but amongst associations instituted for medical improvement. Did the members of the profession but observe a tithe of that liberality of sentiment which they would all be disposed to enforce *ex cathedrâ*, there would be none of that *odium* which has been presumed to belong as much to the profession of medicine as to the one to which its application has been made proverbial.

We observe, by the way, in the last number but one of the "British and Foreign Review,"[2] a quotation from Professor Griffith's introductory lecture, delivered last year in the University of Maryland, prefaced by the following remarks, which are equally applicable to the present lecture.

> "It is really to be regretted that Professor Griffith, in whose lecture we see many opinions in which we fully concur, should have expressed himself in general so grandiloquently. After recommending, for instance, in unexceptionable terms, the combination of general information with professional acquirement, he adds, quite unnecessarily for the enforcement of his argument, the following lines:—
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> "'The flimsy garniture required for the mere business of life, like the net of the retiarius, can only be employed in the attack, whilst the substantial panoply that qualifies its wearer for every emergency, like the arms of the soldier, give a form and an energy to the limbs that command respect and ensure success.'"

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[1] Lecture Introductory to the Course on Pathology and Practice of Medicine, in the University of Virginia, for the Session of 1837-8. By R. Eglesfeld Griffith, M. D., Published by the members of the class. 8vo, pp. 16. Charlottesville, 1837.

[2] For July, 1837, p. 194.

Professor Griffith is evidently fond of this metaphor, for we find it reproduced in the lecture before us. *De gustibus, &c.!*

Hodgkin on the Morbid Anatomy of the Serous Membranes, &c.[1]

Dr. Hodgkin is well known as an indefatigable cultivator of pathological anatomy; and the volume before us—the republication of which will be commenced in a future number of the "Library"—is one of the evidences thereof. It consists of twelve lectures and an appendix,—the first comprising preliminary observations; the five following being devoted to the serous membranes; the seventh to parasitic animals; the eighth to adventitious serous membranes; the ninth, tenth, and twelfth to malignant diseases; and the eleventh to the subject of the colours of the animal tissues. The appendix comprises notes and illustrative cases.

After a long review, the "British and Foreign Medical Review," for July last (p. 55), thus sums up its opinion of the work.

> "It is hardly necessary, after the trouble we have taken, to lay before our readers a full account of the contents of Dr. Hodgkin's work, to give here our formal opinion of its merits. No book but a good one could have claimed from us so much time and attention as we have bestowed on it, or have supplied or suggested materials to fill so many of our pages as we have devoted to its consideration. It is, however, scarcely doing justice to our judgment to say that the work is simply good,—it is in every respect an excellent production; calculated to advance the progress of pathological science, and destined to take a permanent place among the higher order of the medical classics of this and other countries."

Liston's Surgery.[2]

The original of this work was issued in three parts, comprising so many volumes, in 1831–2. It was professedly intended as a compendium or guide for such students as resort to Edinburgh to acquire their surgical education. In Scotland the field was formerly occupied by the systems of Latta, B. Bell, and Allan, "but it being now vacant," Mr. Liston has endeavoured to supply the deficiency by reducing the heads of his lectures into the present form. This strikes us as a singular reason for publication. Surgery must be the same in Edinburgh as it is elsewhere, and consequently no necessity need exist for *indigenous* works to elucidate it. We can scarcely imagine the reason, which the ingenuity of the distinguished surgeon will doubtless suggest, why this same work should be adapted for the lectures delivered by the author in London, where he is now practising his profession with signal success.

Proceeding, as it does, from one of the best operative surgeons of the day, the work could not but contain much useful matter, and as such merits recommendation.

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[1] Lectures on the Morbid Anatomy of the Serous and Mucous Membranes. In two volumes. By Thomas Hodgkin, M. D., Demonstrator of Morbid Anatomy, and Curator of the Museum of Guy's Hospital, Member of the Lyncean Academy at Rome, &c. Vol. I. On the Serous Membranes; and, as appended subjects, parasitical animals, malignant adventitious structures, and the indications afforded by colour. 8vo, pp. 402. London, 1836.

[2] Elements of Surgery. By Robert Liston, Fellow of the Royal Colleges of Surgeons in London and Edinburgh, Senior Surgeon to the Royal Dispensary for the City and County of Edinburgh, Lecturer on Surgery, &c. &c. 8vo, pp. 540. Philada., 1837.

Prichard on Insanity.[1]

An excellent work by one of the best of English medical writers and observers. It is divided into twelve chapters. 1. Preliminary Remarks on the Definition of insanity; nosography of the disease and of its various forms. 2. Phenomena of Insanity. 3. Terminations of Insanity. 4. Causes of Insanity. 5. Necroscopical Researches into the Changes of Structure connected with Insanity. 6. Theory or Pathology of Mental Derangement. 7. Treatment of Insanity. 8. Of Puerperal Madness. 9. Of Idiotism and Mental Deficiency. 10. Statistics of Insanity. 11. Of Unsoundness of Mind in relation to Jurisprudence. And 12. Of Ecstatic Affections.

The appendix contains a supplementary note on peculiar conformations of the skull connected with mental derangement, with observations on the evidence of phrenology and on opinions respecting the functions of the brain.

Treatment of Catarrhus Vesicæ by Injections of Tar Water, &c.

In a late French periodical,[2] some cases are published from the records of the hospitals for 1829 and 1830, during the attendance of the late Professor Dupuytren, in which injections of tar water were successfully administered in catarrhus vesicæ, along with pills of turpentine.

The tar water was made by infusing in the cold, for a night, a pound of tar in ten pounds of spring water, filtering and warming before using it. Large quantities of this were injected through an elastic gum catheter, which was forthwith withdrawn and the patient directed to retain it as long as possible. The injection was repeated daily.

The Venice Turpentine was administered internally after the following form:—

R. Terebinthin. ʒ i.
Pulv. cujusvis, q. s. Fiant pilulæ 40.

Ten of these were given in the day,—the number being gradually diminished.

Treatment of Amaurosis by Caustic.

The advantages of revellents—the actual cautery, caustics, vesicants, &c. to the top of the head, temples, &c., in amaurosis—have been long appreciated. A case has recently been related by Dr. Jagielski,[3] of a boy twelve years old, who had been blind for three years in consequence of epilepsy. The kali causticum, of the size of a dollar, was placed on the top of the head, and after the slough had separated, and suppuration been established, the boy began to see with his left eye, and when Dr. Jagielski reported the case—five weeks after the establishment of suppuration—he could distinguish almost every object by regarding them for a short time. The strychnine had been ineffectually applied endermically for several weeks on both temples; and the belladonna with the oxymuriate of mercury had been administered internally without effect.

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[1] A Treatise on Insanity and other Disorders affecting the Mind. By James Cowles Prichard, M. D., F. R. S., Corresponding Member of the Institute of France, Member of the Royal Academy of Medicine of Paris, and of the Philosophical Society of Sienna; Senior Physician to the Bristol Infirmary, (with a motto.) 8vo, pp. 483. London, 1835. American edition, 8vo, pp. 339. Philadelphia, 1837.

[2] La Lancette Française, No. 42, Avril 8, 1837.

[3] Beiträgen zum Sanitats-Berichte des Posener Regierungs-Bezirks, und Medicinische Zeitung, Feb, 22, s. 38.

Medical Faculty of the new New York University.—We observe it stated on authority,[1] that the arrangements for forming the medical faculty are already completed; and that, as is the custom with several of the most distinguished medical schools abroad, the medical school of the university will have two terms during the year. The summer term will be from the middle of March to the latter part of June, and the winter term from the beginning of November to the end of February.

BOOKS RECEIVED.

From Dr. J. B. Woodward, the superintendent.—Reports and other Documents relating to the State Lunatic Hospital at Worcester, Mass. Printed by order of the Senate. 8vo, pp. 200. Boston, 1837.

[May we request the favour of Dr. Woodward to forward to us a copy of his excellent Reports, for the "British and Foreign Medical Review?"]

From the Author.—Lecture Introductory to the course on Pathology and Practice of Medicine in the University of Virginia, for the session of 1837–8. By R. Eglesfeld Griffith, M. D. Published by the members of the class. 8vo, pp. 16. Charlottesville, 1837.

From Messrs. Carey & Hart, the publishers.—Elements of Surgery. By Robert Liston, Fellow of the Royal Colleges of Surgeons in London and Edinburgh, Senior Surgeon to the Royal Dispensary for the City and County of Edinburgh, Lecturer on Surgery, &c. &c. 8vo, pp. 540. Philadelphia, 1837.

From the same.—A Treatise on Insanity and other Disorders affecting the Mind. By James Cowles Prichard, M. D., F. R. S., Corresponding Member of the Institute of France, &c. &c., (with a motto.) 8vo, pp. 339.

From J. J. Smith, Jun., Esq.—Animal Magnetism. Report of Dr. Franklin and other commissioners, charged by the King of France with the examination of the animal magnetism as practised at Paris. Translated from the French with an historical outline of the "Science," an abstract of the Report on Magnetic Experiments, made by a Committee of the Royal Academy of Medicine, in 1831, and remarks on Col. Stone's pamphlet. 8vo, pp. 58. Philadelphia, 1837.

From Dr. Forbes.—Clinical Illustrations of the more important Diseases of Bengal, with the result of an enquiry into their pathology and treatment. By William Twining, Member of the Royal College of Surgeons of London, &c., (with a motto.) Second edit. 2 vols. 8vo, pp. 481—438.

Encyklopädie der Gesammten Medicinischen und Chirurgischen Praxis, mit Einschluss der Geburtshülfe, der Augenheilkunde und der Operativchirurgie. Im verein mit mehreren praktischen Arzten und Wundärzten; herausgegeben von Georg Friedrich Most, Doctor der Philosophie, Medicin, und Chirurgie, u. s. w. Zweite Auflage. Heft. 4, 5, 6, 7, 8, and 9, (Dysphobia-Phthisis.) 8vo. Leipz., 1836–7.

Encyclopädisches Worterbuch der Medicinischen Wissenschaften. Herausgegeben von den Professoren der Medicinischen Facultät zu Berlin D. W. Busch, C. F. V. Graefe, C. W. Hufeland, H. F. Lunk, J. Müller. Band. xiv. (Gebärmutter-Gift.) 8vo, s. 752. Berlin, 1836.

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[1] New York Evening Star, for Nov. 6, 1837.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. **December 1, 1837.** **No. 17.**

Art. I.—INFANTICIDE ESTABLISHED IN AN INFANT THAT HAD NOT RESPIRED.

M. Alphonse Devergie, the distinguished medico-legal writer, has recently published a case of this kind,[1] with interesting comments.

The bearings of the subject that are important to us will be learned by the following account of the "examination" and "conclusions" from the appearances presented on inspecting the body of a new-born infant, which had been found in an uncultivated field the evening previously. The inspection and report were made by virtue of an *ordonnance* of the agent for the *Procureur du Roi.*

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Examination.—The cadaveric rigidity was still very marked,—*death had therefore taken place quite recently.*

It was impossible to determine the weight for want of a balance. Length, fourteen inches six lines, Fr. The middle of the body corresponding to six lines above the umbilicus. Bi-parietal diameter of the head, two inches six lines: occipito-frontal, three inches; occipito-mental, four inches. Skin well organised; very distinct from the membranes of the cord around the umbilicus. Hairs about half an inch long, but very numerous. Total absence of point of ossification between the condyles of the femur. (*This infant had not, therefore, attained the term of eight months of utero-gestation.*)

At the posterior and upper part of the head, on the median line of the occipital bone and in the course of a portion of the parietal suture, *a wound existed an inch and eight lines long*, having at its centre on one of the lips, a slight prominence, on the other lip a slight parallel depression, as if the wound had been made at two different times, or as if the instrument had changed its direction. *In the whole circumference* of this wound, and in the subpericranian cellular tissue, *an ecchymosis existed, which extended to the third of the superior surface of the head, under the form of a bloody cap* (calotte); *the infiltrated blood was coagulated.* Towards the middle of the upper margins of the left parietal bone, in the vicinity of the superior angle of the wound just described, there was a *section of the margin of the parietal bone, with separation and elevation of one of the fragments of the section, which was seven lines in depth. The longitudinal sinus of the dura mater was opened; blood was effused between the two lobes of the brain, as well as at the surface of the cerebellum. Two contusions of the cerebellum with coagulated and infiltrated blood existed at the base of that organ. These were four lines long and two broad.* The two temporal muscles were completely ecchymosed; and the blood infiltrated into the substance of their fibres caused the temporal aponeuroses to project. (*These were the result*

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[1] Annales d'Hygiène Publique, &c., Mai, 1837.

of violence evidently perpetrated during life, and which it would have been impossible to produce if the child had been still in the womb.

A portion of the cord, eight inches long, adhered to the umbilicus by means of the membranes and the vessels, wholly untouched. This portion of the cord, which contained a large quantity of the jelly of Wharton, was sound, renitent, and presented at its free extremity a clean section as if it had been made with scissors; another portion of the cord, separated from the rest, as regarded conformation, colour, volume, and consistence, was entirely like that attached to the umbilicus: the two fine extremities were cut clean.

The placenta, which was very fresh, was in proportion to the development of the infant. It had only an inch and a half of cord attached to it.

The skin was generally pale, as well as the thymus, the lungs, and the intestines, which were contracted. The cavities of the heart contained little blood. The lungs were perfectly sound, and did not appear to fill the cavity of the chest; their tissue was formed of a series of fleshy lobules separated from each other by cellular tissue; no air vesicles were perceptible. The lungs, when placed in water with the heart, sank; when placed alone in water they sank; when cut into portions they also sank. Each fragment compressed under water yielded scarcely any blood from its tissue, and no air bubbles; after compression it remained at the bottom of the liquid. Meconium was contained in the sigmoid flexure of the colon and in the rectum; the foramen ovale was open; the umbilical arteries and vein were widely open.

Conclusion.—1. The infant subjected to examination had not attained the end of the eighth month of pregnancy. 2. It proceeded from a recent accouchement, which might have occurred in the night of the —— to the ——. 3. The infant was born alive. 4. It had not respired. 5. Death was the necessary result of the wounds that have been described; one of them had been effected by a cutting and perforating instrument, the others by blows. 6. It is possible that after the section of the cord there might have been a loss of blood, which might account for the exanguious state of the body.

Such is a satisfactory case of infanticide, established in the case of a child that had not breathed and yet was alive.

Art. II.—PREPARATION OF PHLORIDZINE.

M. Boullier, Pharmacien at Sassy (Loire), has published a memoir on phloridzine, from which we make the following extract.[1] Having observed the great value of this new preparation as a febrifuge, he endeavoured to facilitate the method of preparing it in a state of purity.

He put the fresh roots of the apple tree into a copper vessel, and poured upon them distilled water enough to cover them entirely. This was kept boiling for four hours, care being taken to replace the water as it evaporated. The fluid was then poured off, and a fresh quantity of water, equal to the first, poured on the residuum, which was boiled for an hour only. The two products were suffered to remain at rest for thirty hours, at the expiration of which time a large quantity of phloridzine, resembling deep red velvet, was found at the bottom of the vessels. The phloridzine being collected, half its weight of animal charcoal was added to it, and after being boiled in a suitable quantity of water the decoction was filtered. In this manner it was purified at least three times, and was afterwards received into a vessel of boiling water, in order to obtain, by a more tardy refrigeration, more beautiful crystals. It was then filtered and dried.

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[1] Gazette Médicale de Paris, 17 Juin, 1837.

Phloridzine is very light, of a beautiful whiteness, crystalised in beautiful silky needles; possessing no action on test papers or on syrup of violets; its taste is slightly bitter without astringency. At the ordinary temperature, it is but little soluble in water; requiring one thousand and sixteen parts of that fluid to dissolve one of it. At 100°, water dissolves an equal weight of it, and assumes a bottle-green colour. Alcohol, at the ordinary temperature, dissolves half its weight.

The trials made by some practitioners, to whom M. Boullier sent the phloridzine, have been attended with entire success; he endeavoured to extract it from the bark of the root of the cherry tree, with the hope of being able to furnish it at a cheaper rate, but he found it impossible to discover the least trace of it, either by aqueous decoction or alcoholic infusion. After thirty-six hours' rest, he found only a very bitter residuum at the bottom and on the sides of the vessel.

Art. III.—BRITISH ASSOCIATION (MEDICAL).

(Continued from page 296.)

In our last number we gave a brief account of the papers on medical subjects, read at the late meeting of the British Association for the advancement of Science, at Liverpool. We extract the following *catalogue raisonné* from a later number of the same periodical,[1] whence our previous article was derived.

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Tuesday, September 12th.

Dr. Black read an essay on the *Epidemic Influenza*, as it occurred in January, February, and March, 1837. This paper chiefly referred to the rate of mortality, and the meteorological condition of the atmosphere, for which purposes several elaborate tables were exhibited. It appeared, in comparing the mortality of the period above mentioned, with the corresponding months of previous years, that the increase amounted to 45 per cent., and taking the month of February alone, to the prodigious extent of 160 per cent. Dr. Black's observations fully confirm those previously made, of the very heavy manner in which the epidemic bore upon those advanced in life: and he referred particularly to the reports published in this journal, by Drs. Clendenning, Heberden, and Graves.

Wednesday, September 13th.

Sir James Murray.—A paper, the object of which was to prove that various diseases of the nervous system arose from the presence of certain salts in the blood giving rise to crystalline deposits, such salts being those which are usually voided in the urine. Such depositions he has found on the nerves in tic douloureux, and has also detected uric acid in the discharge from ulcers in tinea capitis, and some other cutaneous affections. Our readers will remember that M. Gluge has recently described microscopic crystals in the evacuations of persons labouring under fever.

Dr. Macintosh made some observations on *dysmenorrhœa*, which he endeavoured to show originated in a peculiar condition of the os uteri—viz. some degree of stricture, with thickening and the deposition of false membrane and accumulation of mucous discharge in the uterus itself. He stated that he had frequently seen great benefit result from the application of leeches to the os uteri.

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[1] London Medical Gazette, Sept. 30, 1837, p. 23.

Dr. Madden.—Experiments on the *Connection between Nerves and Muscles*, the result of which he regards as showing that narcotics do not always produce any obvious effect upon contractile tissues; that sedatives, when applied to nerves, are absolutely inert, if such application be rigidly confined to the nerve; and that muscles retain their irritability long after the nerves have lost their power of exciting them.

Dr. Bellingham on the *Motions of the Heart*, with especial reference to the order of their succession, which he holds to be as follows:—1st, the systole of the auricles; 2d, diastole of the ventricles, and the simultaneous impulse; 3d, the systole of the ventricles; 4th, an interval of repose, followed by the systole of the auricles. This order is different from that given by Dr. Hope.

September 14, 1837.

A report was read by Dr. Carson, on the *Composition of the Animal Secretions*, giving the results obtained by a provisional committee appointed to examine the subject.

Mr. Hare read a paper on *Curvature of the Spine*, particularly the lateral, which he attributes to the present mode of dress—in a word, to tight stays. The means proposed by Mr. Hare consist of an inclined plane, with weights and pulleys, similar to those which have been so much used during the last ten or twelve years.

Dr. Holland, of Sheffield,[1] communicated the result of some investigations regarding the *Influence of the Mind on the Heart.* This paper chiefly had in view the influence of respiration on the circulation, the former of which he stated to be greatly under the control of emotions which secondarily affected the circulation. The positions were illustrated by various arguments.

Dr. Macintosh communicated some observations (which were understood to be from the pen of a medical student), on the *Diseases of Stonecutters* about Edinburgh. In one case, which was particularly detailed, the patient having died after cough and other pectoral symptoms, of two years' duration, hard black tubercles were found in both lungs; the bronchial glands enlarged and indurated, grating under the knife, and containing portions of substance like bone, which, being analysed, yielded carbonate of lime, silica, and albumen. The stone of the quarry where he had chiefly worked was also examined, and found to consist of carbonate of lime, silica, and alumina; from which it is inferred by the author that the deposition in the lungs was derived from the stone, and imbibed during inspiration.

Sir James Murray made a demonstration of a machine for forming a kind of *Bath in Vacuo*, by which means the surface of the body, even when cold and collapsed, soon became warm and turgid. It admitted of being used locally, as to a paralysed arm, &c.

Two cases of *Malformation of the Brain* were communicated by Dr. Carlisle, and some remarks on the crania of a tribe of Indians in North America, by Dr. Warren, of the United States.

Dr. Macintosh *on the Morbid Anatomy of Cholera.*—He observed that he had made three hundred dissections of patients who had died of this disease. He found the capillary system generally distended with blood—the brain loaded—the bones themselves vascular; the ganglia healthy, but vascular; the heart and its vessels turgid; false membranes lining the arteries, the firmer the nearer the heart; an appearance which he regarded as somehow connected with an effort on the part of nature to restore the deficient serum.

In the department of Zoology, Dr. Richardson communicated a paper from Dr. Bellingham, on the frequency of the occurrence of the *tricocepha-*

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[1] It was *this* Dr. Holland's paper of which we gave a short notice in the last number.

lus dispar in the alimentary canal. He regarded it as premature to attempt the decision of whether this parasitic animal was or was not formed in the intestines.

Mr. Jenyns communicated a paper from Dr. Williams, on a species of *Limax* found in the human intestines.

The meeting seems altogether to have been a very good one. Next season the association is to assemble in August, at Newcastle-upon-Tyne; on which occasion the Duke of Northumberland has consented to act as president, and the Bishop of Durham as vice-president.

ART. IV.—CURE OF VARICOSE VEINS AND HERNIA BY ACUPUNCTURATION.

M. Bonnet, Surgeon-in-Chief to the Hôtel-Dieu, at Lyons, affirms[1] that he has treated eleven cases of varicose veins by introducing pins through their cavities, and allowing them to remain there for some time. Nine of these cases were cured. He has applied the same treatment to herniary sacs. He passes three or four pins through the herniary envelopes close to the inguinal ring, and, in order that they may exert a certain degree of compression as well as of irritation on the sac, he twists the points and heads upwards so as to give them a circular direction. The inflammation and pain commenced usually on the third or fourth day after the operation, and the pins were removed a few days afterwards. M. Bonnet has treated four cases of inguinal hernia by acupuncturation. In two, the herniæ were small, and three weeks sufficed for the cure. The third was more troublesome.

Caution is requisite not to injure the spermatic cord.

ART. V.—MEDICAL TOPOGRAPHY—No. 7.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 278.)

Intermittent Neuralgiæ.—(Continued.)

PNEUMONALGIA.

Persons suffering from a protracted spell of intermittent fever, or such whose constitutions have been much broken or much impaired by repeated attacks, are frequently the subjects of *a periodical painful stricture across the breast, or sharp shooting pain through the chest,—dyspnœa and a short dry cough—though this in some cases is moist, attended with mucous expectoration in certain individuals, and sanguineo-mucous in others.*[2]

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[1] Bulletin Générale de Thérapeutique.

[2] I have seen the sanguineous expectoration in two cases amount to a hæmoptoe. The hemorrhage in one case coming on every evening and in the other every other morning. In both cases, preceded by chills—followed by painful stricture across the chest, accelerated quick small pulse, hot skin, flushed face, difficult breathing and cough, with bloody expectoration, succeeded by a crisis of sweat.

This form of affection I choose to denominate *Pneumonalgia*, believing it to essentially consist in a neuralgic condition of the pulmonic plexuses occasioning or inviting an afflux of blood to the pulmonary structure.

Far too little attention has been paid by the general profession to the *fact*, that organs congenitally weak, or weakened by subsequent disease, are more susceptible than others to become affected during the progress of a fever. Whether fevers be essential or merely symptomatic, this we know, that in some cases of fevers, regarded as essential, one set of organs, and, in others, another of different character or function, is frequently prone to take on disease during febrile action. This may be accounted for, in most cases, by ascertaining whether or not there has been previous disease or family predisposition; I believe, in nine cases out of ten, it will be found, that the suffering organ has sustained a previous shock, or that there is an hereditary precedent.

Individuals living in malarious districts, subject to periodical affluxes of blood to the lungs, are those whose pulmonary system is congenitally weak, or rendered so by some subsequent attack of thoracic disorder. I have noticed, that such as are of a scrofulous habit or born of consumptive parents, or naturally predisposed to catarrh, are more subject to this form of affection than others, who have inherited sound constitutions or never have had lung disease.

The mere routine practitioner, or unobservant physician,—following the *verba magistri*, and treating diseases by their recognised names, without a particular knowledge of the pathological condition of each individual case,—would be very apt to commit a serious blunder in the treatment of the form of affection under consideration. I have known in one instance a valuable life lost by sanguineous depletion to an immoderate extent; and another reduced to the lowest ebb by similar means, practised under the supposition of inflammatory action being present. Nor should we be surprised at this when we recognise in the symptoms of pneumonalgia, several, simulating very nearly the pathonomonics of acute pathonomonia; but the *ensemble* of the morbid signs of that disease is wanting. There is, *in all cases*, an absence of the crepitous rattle (*râle crêpitant*) so commonly present in pneumonia; the cranberry expectoration, so characteristic of inflammation of the pulmonary structure proper, is only met with in a few cases; whilst *pure blood* from ruptured vessels, and not the secretion of inflammatory action, is occasionally seen. Pneumonia is generally confined to a single lung, and often to but a limited portion of that, whilst pneumonalgia affects, in the greater number of instances, both lungs alike. The circumscribed dulness of sound, usually found on percussion in pneumonia, is often general over the chest in the affection under notice. There seems to be a temporary universal distension of the pulmonary sanguiferous system, closing in a measure the air cells, and thus nearly masking the healthy respiratory murmur. In catarrhal subjects we have the mucous rattle (*râle muqueux*) intermixed with the natural respiratory buzz; as also with those who expectorate blood.

This condition of the vascular system of the lungs continues for a longer or shorter term according to the individual: I have seldom known it to be maintained over twelve or fourteen hours at any one time; and in the majority of cases it passes off in a much shorter period. It is usually preceded by symptoms of febrile excitement, and is attended by the painful tightness or sharp darting pains and dyspnœa already mentioned—followed by perspiration (though not in all cases) and increased weakness, as if the powers of life were gradually giving away before the repeated attacks.

This form of intermittent affection is not alone confined to the Arkansas country. I have treated several cases in the lower delta of the Mississippi, and I know it to be common in other malarious districts both of Europe and America. The inhabitants of a southern clime, subject to intermittent fever, who remove to the north, or to a mountainous country, in search of health, are likely to be affected in this way by the change. But, fortunately for them, the chances of permanent improvement by the change, much more than counterbalance the temporary evil obtained,—for if the powers of life are not completely undermined by protracted disease, the affection is within the control and management of the scientific physician.

Treatment.—Nearly all the cases of this peculiar affection we have treated, passed out of the hands of others into our own. The patients had been "well physicked and *bled* and got no better;" I only considered it wonderful how they had survived at all, for they were the mere "shadows of mortality *sans* the substance."

Our great object has been to fortify the constitution, so as to enable it to master the predisposition to the periodical afflux of blood to the lungs. For, however paradoxical it may appear in this "modern improvement age," we hold to the *vis medicatrix naturæ* of the ancient physicians, and frequently only act as an adjutant to carry into effect the orders of nature, or aid her in her efforts at restoration.

Called to a patient, suffering with the painful tightness across the chest, oppressed and hurried breathing, with dry cough, flushed face, and quick pulse, we directed hand and foot warm bathing, nauseating doses of tartar emetic,[1] acidulated cold drinks, cold sponging to head and face, and free exposure to cool air. Sometimes we made a small revulsive bleeding with good effects, but in general had to husband the blood, already too much diminished by repeated venesection, and by the morbid secretions from the skin and bowels. So soon as a reflux of blood was established, and no signs were present to contra-indicate their use, we gave quinine and iron[2] in free doses, anticipating the time of the next expected attack by a double dose,—sustaining the system by a nourishing diet and frequent small draughts of *porteree* or port-wine *sangaree.*

In catarrhal subjects, we pursued the same course, enjoining, in addition, soothing inhalations, mucilaginous drinks, and an occasional expectorant lozenge or draught.

In those cases where the expectoration was pure blood, or bloody mucus, the tartar emetic was pushed until it manifested its action sensibly upon the pulse, diminishing its force and frequency; and, in the interim, between the time of a last and that of an expected attack, tonics were given alternated with digitalis and ipecacuanha[3]—revulsive vesicatories to the sub-deltoid region of the arm, and an *emplastrum picis abietis cum tart. ant. et pot.* to the breast were directed. Quietude, mental and corporeal, were strictly enjoined; and the patient removed as far as possible from all exciting influences.

The treatment in no case was considered complete without the constant wear over the breast, for two or three months or longer, of a pitch plaster, sprinkled lightly with tartar emetic; and in those where bloody expectoration had been copious, in addition to the plaster, a seton or issue was inserted in the arm.

Tonics were only discontinued after the periodicity of the disease had been entirely broken up; and were occasionally continued for weeks after, to all appearance, every vestige had disappeared.

Throughout the treatment the bowels were kept soluble by simple or laxative enemata; as the patients are in this complaint generally too weak to be purged by medicine given by the mouth.

[1] R. Antimonii et potass. tartrat. gr. vi.
Potass. super-tartrat. ʒ ii.
M. et ft. sol. in aquæ f℥ vi.
adde syrup. limonis f℥ ii.
Dose, table-spoonful every half hour.

[2] R. Quiniæ sulphat. vel phosphat. ʒ i.
Ferri carb. vel ferro-cyanat. ʒ ii.
Confect. aromat. q. s.
M. et ft. mass. in pil. xl. divid.
Dose, two to four every two hours.

[3] R. Tinct. digital. Vin. ipecac. aa. gtt. x. M.
Every three hours till contra-indicated.

ART. VI.—EXPERIMENTS ON LEECHES TO ADAPT THEM FOR SUCCESSIVE APPLICATIONS.

Two years ago, Dr. Tournal proposed to the congress at Toulouse a new experiment to adapt leeches for repeated application. This consisted in inverting the leech on a probe passed in at the tail until it came out at the mouth; washing the blood away from its inner surface and then restoring it to its natural condition.

The experiment has been repeated very frequently by Dr. Elberling,[1] an army surgeon, who says that he rarely succeeded in getting the leech to take several times. The greater part died in twenty-four hours; but few lived many weeks, and these did not exhibit much inclination for fresh applications. The like observations are made from the results of numerous experiments by Dr. Grossheim.[2]

Of all the means, which Dr. Elberling has attempted, to adapt the leech for iterated applications, the best has been to empty the animal by gently drawing it between the fingers. That the leech is not injured by this is shown by the freedom of its movements when it is placed in water. By this course —which is followed, by the way, by many of our leechers—Dr. Elberling has succeeded in applying the same leech three times in one day. By this kind of pressure the animal is pretty well cleared of the blood; anatomical investigation exhibiting that but a few drops have been left behind.

ART. VII.—RATIO OF SUCCESSFUL CASES OF LITHOTOMY.

Pittsburg, November 7, 1837.

To the Editor of the Medical Intelligencer,—

At the first blush, the success of Dr. Dudley's operations for stone would seem a little apocryphal, but slight examination must satify every candid enquirer, that, though highly flattering to the operator, there is nothing in it so very incredible as to warrant any one in impugning his honesty. Indeed, to deny his statements because of the want of success of others, is about as " damning proof" as what Le Cat offered to demonstrate the worthlessness of Cheselden's knife,—that he (Le Cat) had lost six patients out of nine on whom he had operated with it in the Hôtel-Dieu.

If we examine the records of surgery, we will find many similar instances of success; some I will enumerate.

Le Raoues cut fifty without losing one, and among them was a man seventy years of age.

Frère Jacques, late in life, when he had studied anatomy and improved his operation, cut thirty-eight in Versailles without losing one, and immediately after, sixteen in Strasburg, losing but one, an old man, whose death was predicted from age and weakness. He says, in his memoir, " That of a hundred of healthy subjects cut after this improved method none had died or remained fistulous."

Rau, whose baseness was only equaled by his skill as a lithotomist, must have been very successful, though the proportion of recoveries I cannot state.

Cheselden, I have seen it stated, lost two in fifty-two. M. Morand, who visited England on purpose to witness his operation, states that he saw him

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[1] Militair-Medicinal-Berichten.

[2] Medicinische Zeitung, No. 49, December 7, s. 252.

"cut twenty-seven patients without losing one; the twenty-eighth died, but he had previously cut thirty-one." In three years he had cut ninety patients with "unparalleled success." Morand also states, that thirty patients were cut at Bergen-op-Zoom, of whom not one died.

Mr. Martineau, of Norwich, cut eighty-four and lost two; and this without making any selection, operating on all who presented themselves.

Mr. Green, of St. Thomas's Hospital, had, several years ago, operated on forty persons, losing not one.

Mr. Lawrence lost one out of between forty and fifty cases, and that one was a miserable emaciated being, so worn out by long suffering and other illness, that success was next to impossible.

Sir Astley Cooper has not, I think, been any thing like so successful, but he says, "The success of one surgeon being greater than another chiefly depends on his judgment in this respect, viz., not to operate when there is much functional or organic disease." And we all know that patients from three to twenty years of age rarely die of this operation.

Mr. King has been very successful. The proportion I do not remember, if I ever saw it stated.

I suppose I have by this time sufficiently wearied your readers, and demonstrated the *possibility* of this fact. A.

ART. VIII.—ON DERMATOLYSIS.[1]

BY M. MARCHAND, DOCTOR IN SURGERY, NANTES.[2]

M. Marchand remarks that he searched in vain in the works of Lorry, Bateman, Rayer, Cazenave, and Schedel, &c., for some notions upon dermatolysis or looseness of the skin. He found nothing in them. Professor Alibert is the only one who has devoted a chapter to the subject, in which he reports a very small number of facts observed at the Hôpital St. Louis.

The history of this singular affection has yet to be given; the published cases of it are so rare that it is impossible to attempt a simple sketch. We can merely collect and publish the facts relating to it.

Peter Martin lived, since his birth, in the village of Barbin. In his infancy there was no indication of the deformity for which he went to consult M. Marchand. M. Couteau, one of his pupils, who has greatly distinguished himself by his zeal for science, assured him of this.

When about fourteen years of age, he consulted M. Darbefeuille; but M. Marchand was not able to learn the result of that consultation. The accounts of Martin were obscure and often contradictory; all that was known was that the skin formed a small tumour behind the left ear.

During the interval between his sixteenth and eighteenth years, he had fever; but whether this was intermittent or continued, was a point which M. Marchand was not able to clear up. Immediately after the cessation of this fever, the disease made rapid progress. M. Marchand thus describes the case.

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Peter Martin is of a short figure; four feet four inches; is pretty strongly constituted; his head composes nearly the sixth of his height; this grotesque appearance is owing, not only to the largeness of the cranium itself, but also to the development of the skin and subcutaneous cellular system, and especially to a black and crisped head of hair.

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[1] From δερμα, "the skin," and λυσις, "looseness."—*Ed.*

[2] La Lancette Française, Mars 28.

He is not twenty years old, and already his forehead is furrowed with deep wrinkles; from the middle of the left eyebrow a large cutaneous fold proceeds which falls down in drapery over the cheek; thence it ascends afterwards in order to join the anterior part of the ear. The latter is considerably developed; it is projected out, and dragged downwards by a border (*bourrelet*) which commences at the lobule, descends even to the lower part of the neck, and reascends afterwards to the occipital region, where it loses itself. This depending skin, which pretty closely resembles what one sees under the throat of dogs, is more than six inches in circumference, and in some places is full two inches thick. It has kept its ordinary colour, is supple and fat; it may be touched and raised without causing pain. The hair is very well developed upon the parts which ought to be covered with it; they are scattered on account of the removal of their bulbs.

Upon the left side of the head, the teguments and subdermous cellular tissue are hypertrophied, but they form no fold. In passing the hand upon the skull many prominences are perceived, which prove that the morbid principle has extended its action to the bones.

The cheeks are yellow and flabby; the lower lip is thickened and hanging down.

This unfortunate young man does not complain of pains in the head; from time to time he feels a kind of numbness and shivering in the depending skin; he falls asleep immediately on being at rest.

He complains of experiencing abdominal pains rather frequently.

This deformity troubles him but little, but it plunges him in misery; no one will give him employment.

He has many remarkable points of resemblance to the shepherd of Gisors, the account of whom M. Alibert has handed down to us. Both were of the same size (four feet four inches); with both the skin and subcutaneous cellular tissue were hypertrophied; the parietal bones of both were covered with prominences.

Job of Meckren relates having seen a young Spaniard, aged twenty-three years, called Georges Albés, who took in his left hand the skin of the shoulder and right breast, elongated it and carried it thus as far as the mouth. With both hands he took the skin covering his chin, extended it as a beard, and made it descend upon his chest. He then raised it to the summit of his head, covering both eyes. Immediately on losing its hold it contracted and returned to its place. He could also draw the skin of the knee directly up and down, so as to form a length of half an ell. On the left side the skin was very adherent, and it was impossible for him to stretch it.

BIBLIOGRAPHICAL NOTICES.

The American Medical Library and Intelligencer.

The following bibliographical notice of Nos. 1 to 8 of this periodical, from the pages of one of the best—if not the very best—of English medical reviews and journals,[1] will exhibit the mixed views entertained abroad respecting our—to them—novel undertaking.

"We have been so long accustomed to the republication, in Brussels, of the French journals and other medical works from the Parisian press, in a condensed form and at a low price, that we are less surprised at the adoption of a similar practice, in regard to English medical works, by the American publishers. Although such a practice, whereby the interests of the authors of the works thus republished are liable to be greatly compromised, cannot but be regretted, we know not that the individuals, who thus republish them, for the benefit of their countrymen and their own, are in any way to be blamed, so long as the present law of national copyright remains unchanged. The temptation to do so is certainly extreme, and the advantages to the readers of the republished works very great. In one of the numbers of the work now before us, containing a reprint of Sir Benjamin Brodie's Lectures on Local Nervous Affections, we are told, that, while the original volume costs, in Philadelphia, one dollar and seventy-five cents, or 175 cents, the same work, as republished, costs only twelve and a half cents. "When this surpassing economy is considered (continues our authority), with the additional advantage that our *most distant* subscribers can have the best books that are published abroad in a few days after their receipt in the Atlantic cities, the overwhelming value of such a publication as this must be strikingly apparent." And truly so it is to the American reader, although it would probably be more agreeable to English authors to know that, instead of a thousand copies of their works being distributed in their new form, two or three hundred were sold in their original shape and price.

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[1] The British and Foreign Medical Review, No. 8, for Oct., 1837. p. 495.

"The plan of the work before us is different from any hitherto proposed, yet coming nearer that of the Brussels *Encyclographie* than any other. Instead of republishing the journals verbatim, like the Encyclographie, the *Library* merely devotes one sheet, or an eighth part of the whole, to the purposes of a journal, the remainder of its pages being appropriated to the reprint of distinct works or memoirs of a superior class. In the numbers now before us, the works reprinted are,—Wardrop on Blood-letting; Babington on the Blood; Stokes's Lectures on the Practice of Medicine; Brodie on Local Nervous Affections; Itard on Deafness, (translated); Bright on Renal Disease; Hamilton's Observations on Midwifery; Bricheteau's Medical Clinics; Colles on the Venereal Disease. All these reprints are paged separately, and, as the paper and print are remarkably good, they will truly form, when bound up separately, a most valuable and comprehensive library for the American practitioner. The price of the whole work is ten dollars per annum.

"Notwithstanding some doubts entertained by us, as foreigners, respecting the justice of the international law which permits so serious an invasion of the rights of authors, we cannot but admit that the present publication is calculated to be of immense benefit to our brethren in America; and we shall certainly act more in accordance with the spirit of our beneficent profession in wishing it every success, as a means of promoting the essential good of mankind, than in regarding it as a commercial speculation injurious to the pecuniary interests of individuals.

"The manner in which the work is arranged and conducted is in the highest degree creditable to its very learned and industrious editor."

Guy's Hospital Reports, No. V.[1]

This part contains the usual quantity of valuable papers. 1. Observations on the Ganglionic Enlargement of the Pneumogastric Nerve,—the probable function of that ganglion, and the position which it occupies in the human subject, and in several of the lower animals; by Mr Edward Cock.

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[1] Guy's Hospital Reports, No. 5, October, 1837. Edited by George H. Barlow, M. A. and L. M. Trin. Col. Camb., Inceptor Candidate of the Royal College of Physicians, and Physician to the Surry Dispensary; and James P. Babington, M. A., Trin. Col. Camb., Member of the Royal College of Surgeons. 8vo, pp. 240 (ten lithographs). London, 1837.

2. Observations and Experiments on Lungs of New Born Children, in relation to medical jurisprudence; by Alfred S. Taylor. 3. Cases of Gangrene, Aneurism, Un-united Fracture, Hernia, Wound of the Tongue, and Stone in the Bladder; by Mr. Bransby Cooper. 4. On the Diagnosis of Organic Diseases of the Uterus; by Dr. Ashwell. 5. Observations on Abdominal Tumours and Intumescence, illustrated by cases of acephalocyst hydatids; by Dr. Bright, (with plates). 6. On the Influence of Electricity as a Remedy in certain Convulsive and Spasmodic Diseases; by Dr. Addison. 7. Case of Disease in the Fœtus; by Mr. T. W. King. 8. On the Distribution and Probable Function of the Superior and Recurrent Laryngeal Nerves, as demonstrated by dissection, in the human subject; by Mr. John Hilton. 9. Description of the Sacculus or Pouch in the Human Larynx; by Mr. John Hilton, (with plate.) 10. Account of the Successful Termination of a Case of Sphacelated Intestine and Omentum in a Femoral Hernia; by Mr. Aston Key. 11. Mr. Morgan's Ophthalmic Cases. 12. Experiments and Observations on Albuminous Fluids; by Dr. Babington.

Some of these we may have occasion to refer to hereafter.

Cyclopædia of Anatomy and Physiology.[1]

This valuable work maintains its character. The part before us contains the conclusion of the article *Eye*, by Dr. Jacob; the article *Face*, by Mr. Partridge; *Fascia*, by Dr. Todd; *Fat*, by Mr. Brande; *Femoral Artery*, by Dr. Alcock; *Fibrine*, by Mr. Brande; *Fibro-cartilage*, by Dr. Todd; *Fibrous Tissue*, by Mr. Grainger; *Fibular Artery*, by Dr. Todd; and *Fifth Pair of Nerves*, by Dr. Alcock.

The xylographic *sketches* are truly *illustrations*.

Wardrop on Diseases of the Heart.[2]

Dr. Wardrop is well known to our readers by his work on Blood-letting—the first that we reprinted in this "Library"—and, doubtless, also by his numerous other productions of value.

The work is not completed. It is to be comprised in two parts. The part before us consists of preliminary observations on the structure and functions of the heart, with which are interspersed "some new physiological researches on the circulation."

> "In pursuing these investigations," says the author, "the mind was conducted step by step to establish the existence of these important functions,—functions connected with the circulation of the blood, which had hitherto been overlooked by physiologists.
>
> "*First.* That the muscles, besides being the active organs of locomotion, perform the important office of increasing the quantity of arterial as well as of venous blood, within the cavities of the heart.

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[1] The Cyclopædia of Anatomy and Physiology. Edited by Robert B. Todd, M. D., Professor of Physiology and of General and Morbid Anatomy, in King's College, London, Physician to the Western Dispensary, and lately to the Royal Infirmary for Children, &c. &c. Part XI. August, 1837.

[2] On the Nature and Treatment of Diseases of the Heart; with some new views on the Physiology of the Circulation. By James Wardrop, M. D., Surgeon to his Late Majesty, George IV., Lecturer on Surgery, &c. &c. Part I. 8vo, pp. 122, (four lithographic illustrations.) London, 1837.

> "*Secondly.* That the lungs regulate the supply of blood to the heart so as to prevent congestion within the heart's cavities; and
>
> "*Thirdly.* That the subcutaneous veins, performing the office of a reservoir, prevent congestion of blood within the pulmonary vessels."—*Preface*, p. iv.

Cyclopædia of Practical Surgery.[1]

We noticed the appearance of the first part of this cyclopædia,[2] which was issued in April last with the understanding that the subsequent parts should be published every alternate month; yet the *second* part did not appear until four months after the first. No matter what may be the reason, such delays are always injurious.

The present part contains the articles from *amenorrhœa* to *aneurism* inclusive. It may seem strange, that the first of these should be inserted in a work professedly consisting of "original dissertations on operative medicine."

The articles and their authors are as follows:—

Amenorrhœa, by Dr. Jewel; *Ammonia*, *Ammoniac*, and *Ampulla*, by Dr. Costello; *Amputation*, by Drs. King and Costello; *Amylum* and *Anasarca*, by Dr. Costello; *Anastomosis*, by Dr. Wardrop; *Anatomy* (*morbid*), by Dr. Hodgkin; *Anatomy* (*surgical*), by Dr. Farrel; and *Aneurism*, by Dr. Wardrop.

We are not much more favourably impressed with this part than we were with the first. We would adduce the article on "Surgical Anatomy" as a striking evidence, that all the collaborators do not seem aware of what information is to be expected in a work of the kind.

Drs. Randolph, Smith, and Horner, on Lithotripsy.

The last number of the "American Medical Journal of the Medical Sciences,"[3] contains a communication from Dr. Randolph, of this city, embracing a report of four additional cases of stone in the bladder, in which the operation of lithotripsy was successfully performed by him.[4] Another from Dr. N. R. Smith, of Baltimore, detailing six successful cases; and the report of one successful case by Professor Horner.

Jacobson's *brisepierre* was employed in Drs. Randolph's and Smith's cases,—in Dr. Horner's, Heurteloup's instrument.

At the conclusion of his communication Dr. Randolph has the following remarks on an accident that befel M. Roux.

> "This surgeon, in attempting to extract a large fragment of calculus through the urethra by means of the *brisepierre* (it is not mentioned whose *brisepierre*,) the instrument became so fixed in the urethra that it could not be moved either backwards or forwards, and it became necessary to make an incision into the urethra, and extract the fragment through this opening

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[1] The Cyclopædia of Practical Surgery, comprising a series of original dissertations on Operative Medicine, by an association of physicians and surgeons. Edited by William B. Costello, M. D., member of several learned societies, national and foreign. Part II. August, 1837.

[2] Intelligencer for July 15, 1837, p. 152.

[3] For November, 1837.

[4] For a notice of his previous cases see "Intelligencer," for July 1, 1837, p. 135. Also *ibid.* for July 15, 1837, p. 159.—*R. D.*

before the instrument could be withdrawn. This accident cannot be at all urged as an objection to lithotripsy, inasmuch as the attempt to extract the fragment in this manner was entirely gratuitous on the part of M. Roux. We are free to confess that we have often felt tempted to extract fragments of a certain size by means of the instrument, under similar circumstances, with the view of expediting the cure. Such attempts, however, cannot be too strongly reprehended; not only on account of the danger which is thereby incurred, but inasmuch also as a portion of the stone so circumstanced may be crushed by merely closing the instrument, after which the fragments will readily be discharged."—p. 24.

Influence of Seasons on the Grippe.—M. Bouvier, Professor *agrégé* to the Faculty of Medicine of Paris, has given the following statistics of the fifteen epidemics of grippe, which have existed at Paris from 1403 to 1803, as regards their prevalence at particular seasons.[1]

1 prevailed in July and August.
2 in September and October.
1 in September, October, and November.
1 in October, November, and December.
1 in November, December, and January.
3 in January.
1 in January and February.
1 in February and March.
2 in March.
1 in April and May.
1 in December, January, February, March, and April.
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15

Thus *six* prevailed in winter, *one* in winter and spring, *four* in autumn, *three* in spring, and *one* in summer.

This last was that of 1788, described by Delacroix, and M. Bouvier thinks that the atmospheric circumstances pointed out by that author may be sufficient to explain the anomaly. In July, 1788, there was a violent storm at Paris, followed by hail; the thermometer fell nine degrees in twenty-four hours. In the remainder of the month, and still more in August, daily variations of eight, ten, and twelve degrees,[2] were observed. The winds were very variable during these two months.

It would seem, therefore, that half of the observed epidemics have existed in winter; for we may reckon amongst them such as extended into the spring, after having prevailed through the winter. This result is somewhat more striking when we regard the months during which each epidemic has reigned. Thus it has existed

In January	6	times	in July	1
February	3	"	August	1
March	4	"	September	3
April	2	"	October	4
May	1	"	November	3
June	0	"	December	3

That is twelve times during the winter months, ten times during those of autumn, seven times during those of spring, and twice during those of summer.

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[1] Annales d'Hygiène Publique, Mai, 1837.

[2] What would M. Bouvier say to our variations, which are at times not less than 40°! Dr. McPhail, indeed, speaks of one in the southwest, of 60° within the twelve hours. Intelligencer, p. 202.—*Ed.*

There has been no example of an epidemic grippe in Paris during the month of June.

New Form of Lithotriptic Instruments.—M. Civiale has invented a modification in the form of the instruments which he has been in the habit of using, in common with those of other operators, for readily seizing and holding small calculi and fragments. He now gives to the curved part of the instrument a breadth almost double that of the ordinary instruments, and diminishes it proportionately in its thickness. It preserves in this form all the necessary strength, so that there is no fear of its bending or breaking; and he has found, in practice, that it fully removes all the inconveniences of the narrow instruments, and suspects that it will be as applicable in cases of large calculi.

The urethra adapts itself perfectly to the new form of the instrument. In those he formerly used, the female branch was three lines broad, the male two; in the new one the female is five and a half, the male four lines broad.[1]

The Railroad Steamer. By James Johnson, M. D.—This is the title of the only Article in the "Extra-limites" department of the last number of the "Medico-Chirurgical Review,"[2] and it consists wholly of an apostrophe on the wonders of steamboats and locomotives,—a good subject for his "Philosophy of Traveling," or his "Economy of Health," but somewhat *extraneous*—as he indeed appears to conceive—in a journal expressly devoted to readers of medicine.

Dr. J. M. Warren's Rhinoplastic Operation.—We are gratified to learn[3] that the success of our friend, Dr. Warren, in his rhinoplastic operation, to which allusion was made in an early number of this journal,[4] has been complete. "He [the patient] is not only in most perfect health," says the editor of the "Boston Medical and Surgical Journal," "but he has a good and wholesome facial expression. No person, unacquainted with the facts, would ever suspect that his strongly marked aquiline nose was wholly taken from the forehead above the orbits. It might perhaps occur to the spectator, as a casual thought, that the individual had received a sabre wound on the left side of the nose, down to the corner of the mouth." . . . . . "The operation occurred on the nineteenth of September, 1836, and as no change either in the appearance or function has since been manifested, it is fair to conclude that it will remain permanently as it is—as perfect as it is possible for an artificial nose to be. The sensation is precisely as in the old nose; at first, the tip, when touched, appeared to be on the upper part of the forehead; but the sensation is now referred to the point where impressions are actually made."

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[1] London Medical Gazette, Sept. 23, 1837, p. 960.

[2] For October, 1837, p. 589.

[3] Boston Medical and Surgical Journal, for November 8th, 1837, p. 225.

[4] Intelligencer, for April 15, 1837.

NECROLOGY.

Dr. Uwins.—Died recently, in London, Dr. D. Uwins,—at one time editor of the "London Medical Repository," before the editor of this journal was connected with it, and formerly President of the London Medical Society. Dr. Uwins was more celebrated for his eccentricity than for any great intellectual endowments. He was the author of several works, amongst which the following may be enumerated: Modern Medicine; or the recent advancement of medical practice, Lond., 1808. Cursory Observations on Fever, Lond., 1810. Modern Maladies and Present State of Medicine; an anniversary oration before the Medical Society of London, Lond., 1818. Remarks on Nervous and Mental Disorder, with especial reference to recent investigations on the subject of insanity, Lond., 1830. A Treatise on those Disorders of the Brain and Nervous System which are usually considered and called Mental, Lond., 1833.

At the first meeting of the Medical Society of London, which was held on the last Monday of September, it was determined to place on the records of the society the high opinion they entertained of the character of their late fellow.[1]

That all did not think equally well of him is shown by some of the obituary notices.[2]

Mr. Lynn.—This gentleman, who was long surgeon to the Westminster Hospital, and was one of the few remaining samples of the "Old School," died in June of the present year, in the eighty-fourth year of his age.[3]

BOOKS RECEIVED.

From the Author.—Clinical Guide for the use of Pupils engaged in the Study of Clinical Medicine, or preparing for examination. By W. W. Gerhard, M. D., one of the physicians to the Philadelphia Hospital (Blockley), and Lecturer on Clinical Medicine. 8vo, pp. 40. Philadelphia, 1837.

From the Author.—An Address delivered at their Tent, before the Dorchester Agricultural Society, and a large assemblage of the citizens of Dorchester, and some of the adjoining counties, at the fourth exhibition and fair, held in Cambridge, Nov. 2, 1837. By Joseph E. Muse, President of the Society. Published by the Board. 8vo, pp. 29.

From Dr. Forbes.—The Transactions of the Provincial Medical and Surgical Association, instituted 1832. Vol. V. 8vo, pp. 538. Lond., 1837.

From the same.—A Clinical Treatise on the Endemic Fevers of the West Indies, intended as a guide for the young practitioner in those countries. By W. J. Evans, Esq., M. R. C. S. 8vo, pp. 309. London, 1837.

From the same.—A Practical Compendium of the Diseases of the Skin, including a particular consideration of the more frequent and intractable forms of these affections; with cases. By Jonathan Green, M. D., Member of the Royal College of Surgeons in London, Fellow of the Royal Medical and Chirurgical Society, and late Surgeon in the Royal Navy. The second edition, corrected and improved, with two illustrative plates. 8vo, pp. 371. London, 1837.

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[1] London Medical and Surgical Journal for Sept. 30, 1837, p. 798.

[2] Lancet, for Sept. 30, 1837, p. 22.

[3] Medico-Chirurgical Review, Oct., 1837, p. 586.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. December 15, 1837. No. 18.

Art. I.—ON THE POWERS OF ERGOT.

BY DR. E. H. BISHOP, OF NEW HAVEN.

We cheerfully give insertion to the following communication, regarding the powers of the ergot in cases in which its efficacy has by many been called in question. The experiments of Dr. Hooker[1] demand careful repetition. He found that when a quantity of pulverised ergot was macerated for several days in sulphuric ether, and the liquid evaporated in a glass vessel until it no longer afforded the smell of ether, there remained at the bottom of the vessel a small quantity of thick heavy oil, resembling in appearance fish oil; above this was a lighter oil, much more abundant than the former, of a light reddish brown colour and of a sweetish nauseous taste. This light oil was found to be possessed of decidedly narcotic properties. In two experimental cases, the effects of the ergot continued apparent for nearly a week; the pupils of the eye were dilated; the pulse, respiration, and capillary action, were very slow, and the skin livid,—with loss of appetite, general languor and lassitude, and rigidity and soreness of the muscles; those of the thighs and other parts of the lower extremities being more particularly affected. For three days the pulse continued below fifty, with a proportionate infrequency of the respiration.

Dr. Hooker recommends the clear watery infusion to promote uterine contractions. The form of infusion, however, as well as of decoction, was found by Dr. Jörg, to whose work we have referred in a former number of this journal,[2] to be highly unpleasant to the stomach, and it could not be repeated in his experiments in large doses for any length of time, without irritating the bowels, producing loss of appetite and general impairment of the digestive function.

We are glad of the opportunity, which Dr. Bishop has afforded us, of attracting the attention of our readers to the subject of the ecbolic and other properties of the ergot; but our respectable correspondent will see, we think, that his remarks—as well as those of Dr. Hooker—do not impair the force of the reasoning employed by us in the article to which he refers.[3] In the published cases of the effects of the ergot in the diseases to which we alluded, we see nothing to induce us to change the inference then deduced, that the origin of its employment seems to have been the knowledge, that on the uterine fibres of the parturient female it was capable of exerting a decided and an energetic action. A reference to these cases will, indeed, show that it was not given to such an extent as to induce any apparent narcotic effects. The whole result, of Dr. Jörg's experiments appears to be that, except in overwhelming doses, the ergot is a powerful excitant (Reizmittel), and consequently, in his view, it could be but little adapted for the generality of hemorrhages, which are diseases of over-excitement. As in the case of every question regarding the medical properties of a drug, this can only be settled by repeated and accurate observation.

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[1] The Boston Medical and Surgical Journal, vol. x., p. 298. Boston, 1837.

[2] Intelligencer for Sept. 1, 1837, p. 211. See also the editor's General Therapeutics, p. 271, Philadelphia, 1836, and an analysis of Dr. Jörg's small pamphlet in the American Journal of the Medical Sciences, for May, 1837, p. 176.

[3] Intelligencer for Sept. 15, p. 219.

New Haven, Nov. 14th, 1837,

Dear Sir,—From the extensive influence of any opinions proceeding from your pen, particularly in your remarks in your much valued "Intelligencer," I take the liberty of addressing you relative to the subject of ergot, as commented upon in the 12th No., Art. I., entitled, "Vulgar Errors in Medicine."

I feel it due to the discovery and observations of a friend, Dr. Charles Hooker, of New Haven, that the qualities and operations of ergot should be better understood, and if he is in error, that the error should be refuted.

Dr. Hooker, in 1834, published an article in the tenth volume of the "Boston Medical and Surgical Journal," founded upon experiments and an analysis made with the ergot in 1831. He therein demonstrated, I think, that the ecbolic and narcotic operations may be entirely distinct and separated, and that it may be used to promote the parturient efforts of the uterus without danger to the mother or child from the narcotism, which it is liable to produce. I will not trouble you with an analysis of his article or account of his experiments as then published, but take the liberty to refer you to the book.

Why almost every writer upon this medicine dreads the evil operation upon the child, narcosis or death, is a mystery; unless we suppose they have all used the substance, as in powder, or infusion—dregs and liquid, or the tincture. I have but once seen any unpleasant effects, and then I gave the powder;—the labour was protracted and narcotism produced. In this place it is the general practice to administer the *infusion*, and in that form it is considered safe and effectual in parturition. The *clear* infusion is made use of.

If, sir, the powers of the ergot are so different when given in infusion or substance, one producing only parturient efforts upon the uterine fibre, the other these with narcotic effects, may it not be given in substance or tincture for epistaxis and other hemorrhages, for other reasons than that it is useful in labour? And may not experience have demonstrated its utility without a suspicion that the narcotic and ecbolic power were not identical? As the ergot (some specimens more than others) is capable of depressing the pulse, might not reason indicate its use in bleeding from other organs than the uterus, or from that only after parturition?

Dr. H. has found it more safe and efficacious than digitalis in reducing the hemorrhagic pulse—even where the latter failed from peculiarity of constitution; or where the desired operation could not be effected from its operation on the bowels, &c., the ergot has succeeded. It is also more permanent in its effects, and so safe and certain in some cases, that it has been administered by a judicious nurse, when the symptoms reappeared, with success. In such a case as hæmoptysis half a dram was the medium dose.

Respectfully, sir, a subscriber and your obedient servant,

E. H. Bishop.

To R. Dunglison, M. D.

Art. II.—VULGAR ERRORS IN MEDICINE.

BY THE EDITOR.

(Continued from page 276.)

No. 5.—*On Frequent Changes of Remedies.*

Primerose, in his work on common errors in physic,[1] has a chapter entitled, "*Non esse mutanda remedia etiamsi curatio statim non succedat*"—that remedies are not to be changed although a cure may not immediately follow;—and the remark is as applicable at the present day as it was in his time. If due attention has not been paid to the investigation of the disease—if any uncertainty exists as to its pathological nature, or as to the powers of the therapeutical agents had recourse to; or if the physician is thrown off his balance by unreasonable expectations, or by petulance on the part of the patient,—he is apt to fly from one plan of treatment or from one remedy to another, and in this manner to become bewildered. On all these accounts it will be readily understood why this fault should be more observable in young practitioners than in old; and so striking is it apt to be in them, and so fraught with multitudinous evils, that it has been regarded by us as a solemn duty yearly to caution the student against it;—inculcating, at the same time, the necessity of enquiring strictly into the precise nature of the pathological phenomena that present themselves in any case which may fall under his attention, and of well comprehending the effects which his remedial agents are capable of exerting on the vital properties, in health and in disease; and when, after an ample investigation, he has laid down his indication of treatment, and decided upon the therapeutical agents that are adapted for fulfilling such indication, that he should not be disheartened if he finds his patient in the same condition at his subsequent visits, but persevere in his plan of treatment, unless some new and more philosophical view should have presented itself, which may have led him to infer that the indication previously embraced had been defective.

There is no circumstance which is so much calculated to render the young practitioner dissatisfied with the practice of his profession, as vacillating from one remedy to another without adequate reason. Instead of daily adding to his stock of valuable practical knowledge, his *experience* becomes the result of incessant empirical trials with the various articles of the materia medica, and is almost constantly false; the danger being in all such cases, that the agent last prescribed will absorb the whole credit of the cure, whilst in many instances it may have been inoperative, and the successful result may have been wholly owing to that instinctive action of recuperation, which is seated in all organised bodies—vegetable as well as animal—and which is capable of repairing injuries, when such injuries do not overstep certain limits.

The proper course for the physician to pursue in the treatment of chronic diseases—for to such our remarks are more especially appropriate—is well expressed by Hippocrates in his aphorisms.—"Omnia secundum rectam rationem facienti, si secundum rationem non succedat, non est ad aliud transeundum, quamdiu id manet quod ab initio visum fuit."[2] He who does every thing in accordance with sound reason need not pass to any thing else—provided the thing does not succeed according to reason—so long as every thing is in the same state as it appeared in the beginning.

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[1] Jacobi Primerosii Doctoris Medici de Vulgi Erroribus in Medicina. Lib. iv., cap. 4, Amstel., 1639.

[2] Hippocrat. 11, aphorism 52.

No. 6.—*Can Purgatives be necessary in Disease where Food is not taken?*

The same intelligent writer, to whom we have referred above,[1] has properly remarked, that when we recommend the use of cathartics to one who has no desire for food, and who may not have taken any for some time, we are met by the remark from the attendants that the prescribed remedy surely cannot be necessary, where there is so much weakness as often accompanies such cases; and that there cannot be any thing to be discharged from the bowels, seeing that nothing has been taken.

In cases of febrile diseases especially, this notion, if acted upon, would be most injurious. In all such affections, the mucous membrane of the digestive tube is in a greater or less degree of erethism, so that the secretions from it are by no means in a physiological or healthy condition, and, consequently, if not removed, may become *foyers* of irritation. Moreover, the various secretions that are poured out from the lining membrane of the supradiaphragmatic portion of the tube, as well as from the stomach itself, undergo digestion and require to be evacuated. It is well known, too, to the physiologist, that secretions possessing the fæcal odour are formed at the lower part of the small intestine and at the commencement of the large, so that evacuations, decidedly fæcal, may take place, although little or no alimentary matter may have been received into the stomach.

Hence the importance—in all febrile diseases—of evacuating the bowels once in every twenty-four hours, either by the employment of gentle cathartics, or of cathartic enemata; but whether the perturbating cathartic plan at one time recommended so strongly—especially by Dr. Hamilton, of purgative memory—can ever be appropriate in febrile affections, is a point on which we have recently expressed our opinion in the negative.[2]

ART. III.—MEDICAL TOPOGRAPHY—No. 8.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 319.)

Intermittent Urticaria.

Some of the older writers on medicine make mention of this disease, but the moderns have barely noticed its occurrence. In the summer of 1835, when encamped on the Grand Prairie, on the left bank of the main Canadian river, in the Pawnee range, several officers and men of the 1st U. S. dragoons had this form of intermittent affection. It prevailed also with them on their return to Fort Gibson, in the fall, and there during the winter of 1835–36. In an official report made to the surgeon-general of the army, on this disease, I noticed that the white flowering *nettle* grew luxuriantly in the neighbourhood of our encampment; and during the summer afforded a great part of the herbage eaten by the buffalo—whose flesh is the only meat subsisted upon by the troops in their expeditions into the Pawnee range. Was the urticaria produced by the meat of the buffalo eaten?—is a question that my limits will not permit me to discuss. A fact, however, may be mentioned in the affirmative,—*the affection only prevailed with those who were with us in the expedition.* Its intermittent character may have been derived from the influence of the usual causes of intermittent fever; but that the *eruption* depended upon the condition of the meat we ate I am thoroughly convinced. I have many facts in support of this opinion, but will only notice another. Several of the Alabama volunteers, lately arrived sick at Fort Mitchell, from a tour of arduous service in the Wahoo country of Florida, have their diseases complicated with *urticarious eruption.* On enquiry, I find, *that the nettle grows abundantly in the Seminole range, and that the cattle are very fond of it.*[1]

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[1] Primeros., op. cit. Lib. iv., c. 17, p. 148.

[2] See the preface to the Report of the Royal Academy of Medicine on the memoir by M. De Larroque, on the use of Purgatives in Typhoid Fever, reprinted in the "Library" for November 1, 1837.

The usual premonitory symptoms of ague ushered in an attack of intermittent urticaria. But in several cases these were more violent; and in all attended with more or less gastric derangement. In many, great tormina of the bowels was present, with a constant disposition to go to stool,—in some with dysenteric discharges, in others copious bilious diarrhœa.

The eruption would make its appearance first upon the extremities, then upon the neck, breast, and face, and quickly extend itself over the whole surface. At first a few small *wheals*, independent or in patches, would come out, attended by intolerable itching heat, and accompanied by quick respiration and rapid pulse. These irritated by scratching would soon spread and coalesce one with another until the whole skin became raised and of a lively red colour. During the eruption muttering delirium was a common attendant; and in two cases convulsions came on. In the cases of a captain of dragoons and myself, our faces became so puffed out during the eruption as nearly to close our eyes—our lips so tumefied as to prevent distinct articulation. One paroxysm of the captain's was truly alarming,—he became strongly convulsed, his respiration oppressed, lips livid, and the eruption changed to a purple hue; his whole surface resembling greatly the cut of a Bologna sausage—extremities cold, and pulse scarcely to be felt. The eruption would disappear and the tumefaction of the skin subside on the establishment of the sweating stage; but could often be partially recalled by slight frictions to any part.

In my own case I could tell for days before an attack when I expected to have it. Wandering pains in the bowels, and itching of the palms of the hands and soles of the feet, were my premonitions. My medical attendant doubted at first the periodicity of the affection. To convince him, I let mine (a tertian) run on through two paroxysms—when I had it both times, to use his expression, "in full bloom."

The affection was in the greater number of cases quotidian, but I have treated several tertian and one quartan form. One case was met with complicated with icterus.

Treatment.—An emetic of ipecacuanha was generally given in the commencement of this disease with the effect to cut short the "cold stage" and bring out the *rash.* Injections of warm water were now directed, which usually gave great relief, as did also warm applications (particularly fomentations) to the whole abdomen. Cool acidulated drinks were gratefully received and proved beneficial. The torment of itching during the eruption was much assuaged by sponging with tepid water; and the delirium, so commonly present, subsided under warm bathing of the extremities and cold applications to the head. So soon as the attack terminated in a crisis of sweat, as it did in a large majority of cases, we commenced our treatment with a view to break up the condition of the system upon which it depended, and to destroy its periodicity. In those cases where a dysenteric state of the bowels was present we gave pills of two grains of calomel with half a grain each of opium and ipecacuanha, every two hours until six were taken, and followed them by an ounce of castor oil and emollient enemata—enjoining at the same time the free use of mucilaginous drinks. In the others it was usual to give five grains of calomel with one grain of ipecacuanha and half a grain of opium in pill, and in four hours after another—followed in from four to six hours more by a dose of oil or salts. So soon as the bowels were freely moved and the liver had resumed its functions properly, quinine was exhibited in the manner directed in the treatment of intermittent fever—with the same effect as in that disorder, to break up its disposition to periodical return. To prevent its recurrence we gave the *arseniate of quinine*[1] in half grain doses, made up into pill with bread, or six drops of Fowler's solution of arseniate of potash, every six hours for a fortnight, or until its effects were manifested,—with an occasional laxative or injection to keep the bowels free.

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[1] I do not pretend to assert that urticaria depends in *all* cases upon the condition of the meat eaten: I know it to be produced by a variety of causes.

Although the periodical disposition of this disorder to return could be readily overcome, persons who had once been affected were afterwards subject to partial attacks of it on the least imprudence in diet or on becoming overheated. In some this proved extremely troublesome as well as disagreeable. In their cases, blue mass, in small quantities, with opium and ipecacuanha to determine to the skin, was given, until slight mercurial effect became apparent on the gums and tongue, or in the breath. During and after taking the pil. hydrarg. as an alterative, half an ounce of syrup of sarsaparilla in a cup of sassafras tea was directed as a common drink. Saline baths were daily used, and the nitro-muriatic or chlorine foot-bath occasionally. This treatment in my practice was successful in all cases where the disease appeared disposed to become constitutional or chronic.

ART. IV.—ON THE USE OF THE DISCHARGE FROM BLISTERS.

BY S. A. COOK, M. D., OF BUSKIRK'S BRIDGE, NEW YORK

Epispastics were early admitted into the catalogue of remedial agents, and notwithstanding the various mutations of the science of therapeutics, they still maintain the character of valuable auxiliaries in the cure of disease. Yet, after centuries of observation, it appears to me that our knowledge of their operation is but limited. "We have contented ourselves with considering their revulsive action merely, but have not sufficiently investigated" other influences which they exert on the system. With the fall of the humoral pathology, that imaginary personification of the coction and depuration of peccant fluids, the utility of the discharge from vesicated surfaces has been lost sihgt of; forgetting that doctrines in themselves false and worthless are often based on facts,—the error arising from the manner of seeking the explanation, rather than from incorrect observation.

Every experienced practitioner, in some of his cases of phlegmasia, must have applied a succession of blisters without producing any very sensible effect on the disease; or, after the first vesication, any discharge from the blistered surfaces themselves. At length one more successful than its predecessors continues to secrete at first serum afterwards pus. A change of phenomena is now presented. The former vesications commence a similar secretion from the yet unhealed parts of their surface; the whole surface assumes a natural moisture; the disease yields; the general secretions are renewed; the suffering organ or texture resumes the performance of its functions, and a healthy balance is restored in the system. In such cases the effect of epispastics is evidently secernent, and however inexplicable their *modus operandi* may be, the utility of the discharge cannot be denied. It is in accordance, I believe, with the experience of all practical men, and has the sanction (no mean evidence of truth) of all common observation.[1] Nor do they in this respect differ from other secernents of established character, if we except the surface on which their specific action operates.

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[1] A preparation first introduced into practice, I believe, by myself.

Mercurials, the most powerful agents of the class, frequently present the same phenomena. While the local phlogosis continues its progress, and the constitutional exaltation remains unreduced, they exercise none of their characteristic influence—if exhibited in small doses acting as general excitants, if in large as cathartics and revellents—until the disease has reached the secernent point, when all the favourable circumstances following the free discharge from vesicated surfaces are presented. Thus we have a similarity in the therapeutical operation of agents of very different characters operating on different tissues, a circumstance which perhaps will be better understood if we examine more attentively the progressive changes of disease.

Phlegmasiæ of the various viscera more frequently terminate by an increased secretion from the mucous surface lining their cavities or cells, and through which they perform their respective functions. This secretion unloads their capillary vessels, reduces the morbid super-excitement of the part, and healthy action follows. The secreted matter, though at first not that of health, gradually, with the restoration of the organ, assumes the normal character.

An illustration of this is frequently presented in the free and easy expectoration that so commonly closes a successfully treated case of pneumonia. This termination of visceral inflammations has been aptly denominated "crisis," and as disease—though a morbid phenomenon—has an order in its progress as regular as that of the normal actions, it follows that it can only be effected at a certain period, or at what might be more properly termed a certain state in the progressive series of pathological changes. Before the arrival of this period the constitutional excitement has either been subdued by the previous treatment or has exhausted itself. The local disease, though still existing, is in a great measure restrained. The capillary vessels, though incapable, unassisted, of unloading themselves, are in a state favourable to the operation of excitants,—perhaps directly, certainly through other and sympathising organs or tissues. The mucous membrane, whose secretion has been suspended during the existence of the morbid excitement, is again disposed to assume its healthy action. Vigorous exertion from its follicular glands is needed in order to unload the distended capillaries. If an irritant be now applied to an organ or tissue between which and it there exists a sympathy or correlation of function, and if that irritant be possessed of the specific property of producing, on the organ or tissue to which it is applied, a morbid excitement, which terminates by secretion, through the influence of association an impulse is given to the mucous surface, which produces a like secretion,—that is, a secretion peculiar to the termination of morbid excitement.

Between the skin and mucous membrane exists a most intimate sympathy, a fact that has been observed by most writers on physiology. "In what manner this sympathetic association takes place we are unable to explain; but the fact is certain and therefore we shall not waste time in exploring the rationale."[2] It exists through a continuity of surface of similar structure. "The fact of the sympathy that exists between organs of analogous structure and functions is familiar to every pathologist. That of the skin and mucous membrane is the most intimate. In every exanthematous disease, the danger is more or less dependent upon the degree of affection of the mucous membrane; and the direct rays of the sun beaming upon the body in warm climates induce diarrhœa and dysentery."[1]

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[1] In an early number of this journal, for June 15, p. 100, we have afforded sufficient evidence, we think, to show, that this generalisation of our intelligent correspondent is too sweeping. We believe that the testimony afforded by observation and reflection is not in accordance with that mentioned in the text.—*Ed.*

[2] Johnson on Diseases of the Liver and Internal Organs.

Where so intimate a connection exists, as to attract the attention of all observers, an irritation of the one must exert a powerful influence over the other, and tend to produce on it a similar irritation; and if that irritation be artificially excited on one of these surfaces, the natural termination of which morbid state is secretion, and a similar morbid irritation already exists upon the other surface or its organ of function, a powerful influence will be exercised to terminate that also by secretion. Such is the *modus operandi* of epispastics applied at this particular period in the progress of those phlegmasiæ that affect the viscera whose functions are performed through a mucous surface. With regard to the serous tissues, the pleura, the peritoneum, &c., probably similar laws exist; and although, owing to the fact of there being no sensible outlet to their cavities, we cannot witness the discharge of the health restoring secretion from their inflamed surfaces, yet, reasoning from analogy and the observable effect of the discharge from vesicated surfaces in pleuritis, &c., the conclusion may be safely deduced, that similar pathological phenomena take place, and also that similar therapeutical effects are produced.

From the above observations it appears evident that there is a state during disease that may be termed the secernent point, and that before this period arrives in the progress of pathological change neither internal nor external secernents produce any farther effect than that of local irritants. An epispastic may vesicate before this period, yet secretion from its surface ceases on the removal of the cerate or other equally irritating dressings. But even here they may, and often do, operate favourably as revellents; yet the more triumphant examples of their utility are presented by those applied after this period, and are to be sought among those that discharge most freely.

Art. V.—NITRATE OF SILVER IN SOME CUTANEOUS DISEASES.

Mr. Chapman[2] having been engaged, whilst house-surgeon to St. Bartholomew's Hospital, in 1830, in testing the efficacy of the nitrate of silver in external inflammations, according to the method employed by Mr. Higginbottom, he was led to extend his experiments from erysipelas and inflammation of the absorbents, first to cases of erythema nodosum, and afterwards to squamous affections of the skin. Before proceeding further, it may not be amiss, with Mr. Chapman, to remind our readers of Mr. Higginbottom's mode of applying it. After cleansing the skin with soap and water, and drying it, the surface to be submitted to its operation is again moistened, and a solid stick of the lunar caustic is rubbed lightly over it, once or twice, according to the delicacy of the skin, and allowed to dry. No dressing is required, and the part must be kept cool. The slight vesication produced after the first twenty-four hours soon subsides, and about the fifth day the black pellicle loosens and peels off.

The following are the results obtained by Mr. Chapman. Of erythema nodosum, two cases were treated; in one, the redness and induration disappeared entirely after a single application of the caustic; in the other, it was necessary to repeat it once more. His next experiment was made on squamous affections of the skin: lepra, namely, and several varieties of psoriasis.

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[1] Human Physiology, by R. Dunglison, first edition, vol. ii, p. 436.

[2] London Medical Gazette, Oct. 14, 1837, p. 96.

In no case was the treatment solely and exclusively local. Alteratives were given, and other general means always adopted preparatory to, and continued during, the employment of the nitrate of silver; but Mr. Chapman thinks it fair to attribute the immediate amendment to the local remedy, since the same measures had been persevered in fruitlessly, for many weeks in some instances. In psoriasis palmaris he found it necessary to soak the hand in warm water for some time before the nitrate could act with effect through the horny, ragged, and everted flakes of cuticle. The surface, also, bears rubbing over more freely, and three or more series of applications are required to restore the skin to its natural condition. It is very true that relapses occur sometimes; but the repetition of the process will again remove the disease; and the intervals between its recurrence, when it proves obstinate, are generally considerable.

Besides squamous disorders, Mr. Chapman has made trial of the nitrate of silver in other cutaneous diseases. In porrigo, a strong solution of it is recommended by some practitioners almost as a specific. It was a favourite remedy with Mr. Wilkinson, who acquired some celebrity for his treatment of this troublesome malady. Mr. Chapmen tried it repeatedly both in solution and in the solid state, but in neither form was any permanent advantage gained by it.

In sycosis menti and eczema, in both of which disorders, as well as in herpes zoster, its efficacy has been rated highly, he has been equally disappointed. "In short," he says, "as far as my experience of its beneficial effects in diseases of the skin extends, it exerts a decided influence over those of a squamous character alone."

With regard to the management and curative powers of the nitrate of silver in erysipelas, inflammation of the absorbents, and other superficial inflammations, Mr. Chapman, makes the following remarks:—

> "Erratic erysipelas I have sometimes seen confined within the belt of blackened cuticle produced by it; but in severe cases it more frequently steals beyond the margin, and spreads as before. Nor has the strong solution, as recommended by Dr. Elliotson been more efficacious.
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> "In inflammation of the absorbents arising from puncture during dissection, &c., the nitrate, resorted to early, almost always proves completely successful; but when the case has reached the verge of suppuration, or after that has actually occurred, its operation may be highly injurious. The symptoms become masked, and fluctuation difficult of detection; for instead of making its way to the nearest surface, the pus appears to shrink (if I may so express myself) from the coating of nitrate of silver, and spreads to a more remote point in search of a vent; producing, in some instances, serious mischief by its separation of the tissues."

Mr. Chapman, lastly, enquires into the principle of action of the nitrate of silver. By its stimulant or astringent property, or some peculiar power resident in it, the calibre of the enlarged vessels is reduced, and they appear to recover their tone. It may, he thinks, exercise an influence over the nerves of the part; at any rate, two of the characteristics of inflammation, pain and heat, always yield to it.

ART. VI.—PROFESSOR G. McCLELLAN'S CASE OF MALFORMATION OF THE SEPTUM NARIUM.

One of the last numbers of the Boston Medical and Surgical Journal[1] contains the particulars of a case of malformation of the septum narium—given by a physician, the subject of the affection—which was successfully operated on by Professor G. McClellan, of this city. From youth upwards persons with whom the patient conversed complained of the indistinctness of his enunciation, occasioned by some deformity about the nose. He had consulted various individuals, when he repaired to Philadelphia and applied to Dr. McClellan. "This gentleman, for the first time, pronounced it a congenital malformation of the septum narium. Upon examination, it was ascertained to commence where the cartilaginous septum joins the vomer; thence inclining to the right of the mesial line, it completely obstructed the right nasal passage, giving to the external appearance of the nose a very marked lateral curvature. Professor McClellan commenced the operation of extirpating the septum by passing a sharp pointed bistoury through its inferior portion, with the edge quite to the floor of the nostril; then adroitly curving and carrying it posteriorly nearly to the vomer, it was turned upwards and then forwards to the place of beginning, entirely removing the septum, without in the least interfering with either ala."

"Since that time," adds the narrator, "thanks to the skilful hand of the operator, my nose has become straight, my enunciation good, and I am enabled to breathe without an half opened mouth."

ART. VII.—DR. GRAVES ON THE TREATMENT OF CHOLERA.[2]

We insert the following article on the excellent effects of the acetate of lead in cholera, not because the remedy is new to us in this hemisphere, but because one of the most distinguished physicians of the day has found the results of his experience to be strikingly confirmatory of what was observed during the prevalence of cholera in this country in the practice of many of our physicians.

To the Editor of the Medical Gazette.

Sir,—As spasmodic cholera seems likely to fix itself permanently in Europe, and has lost nothing of its original malignity, every practitioner is imperatively called on to communicate whatever he thinks may prove serviceable in its treatment. This disease prevailed epidemically to a fearful extent in Dublin in 1832 and 1834. In the former year my practice among cholera patients was very extensive, but by no means successful. In 1834, about the latter end of July, when the disease was raging most violently among the middling and better ranks of society, and at a time when I had very frequent opportunities of treating it, too often had I to regret the inefficacy of the means employed, and, though aided by the advice of the most eminent members of the profession in Dublin, too often had I to witness the loss of cases, not apparently very dangerous when they began, and which seemed to leave full time for the employment of remedies, if such were known. Under these circumstances I lost an intimate and highly esteemed friend, Surgeon Ryan, of Camden street. He was a young man of vigorous health, and the late Mr. M'Namara and I saw him many hours before any symptoms of collapse had set in; calomel and opium, blisters, frictions, sinapisms, stimulants, and all the most approved medicines, were diligently tried, but in vain; and from that moment I resolved to lay aside the mercurial treatment, which had so very often disappointed my expectations, although pushed to the greatest extent, and applied with the greatest activity and perseverance. During the preceding months of May and June, I had treated several cases of diarrhœa in fever, with large doses of the acetate of lead, according to Dr. Bardsley's plan, and I had had frequent opportunities of admiring the efficacy of this salt in checking profuse alvine discharges. Just as Mr. Ryan died, and while my mind was filled with regret at our failure in his case, I was called by Dr. Percival Hunt to see a lady in Nassau street, labouring under dysentery; I advised the free use of acetate of lead, and with marked success. Immediately after, I saw a case of cholera still in the state of premonitory diarrhœa, or rather just passing from the bowel complaint into the fully formed disease. I tried the acetate of lead boldly and with the happiest success. Thus encouraged, I applied this new method of treatment in every case to which I was called, and I was employed both night and day in visiting cholera patients, and every hour gave me additional proofs of the efficacy of the remedy. My formula was as follows:

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[1] For November 29, 1837.

[2] London Medical Gazette, Oct. 14, 1837, p. 100.

R. Acetatis plumbi ℈j.; opii. gr. j. M. Fiat secundum artem massa, in pilul. xii. dividenda.

The premonitory diarrhœa has almost invariably stopped by taking one of these pills, at first every hour, and as the stools became less frequent, every third or sixth hour, according to circumstances. When the vomiting, spasms, and the state of collapse had begun, it was necessary to give a pill every quarter of an hour: after a couple of hours the effect of the pills became perceptible, in a diminution of the serous evacuations upwards and downwards; then the pills were given only every hour, and as the symptoms yielded they were given less and less frequently, and could in general be laid aside altogether before twenty-four hours. In some it was found necessary to give the acetate of lead in solution, combined with a little vinegar, and minute doses of acetate of morphia. Minute doses of opium were useful; any thing of large doses hurtful. Mr. Parr, the able and respected apothecary of the Meath Hospital, was saved by acetate of lead, after the usual astringents, combined with large doses of opium, had been fully tried. He was found by me to be sensibly under the narcotic influence of opium, but the peculiar symptoms of cholera had not been thereby checked. Many took more than forty grains of the acetate of lead in twenty-four hours; it usually darkened or even blackened, the alvine discharges, before they ceased altogether. Were I to enumerate all the cases of violent cholera that yielded to this treatment, I would be led into a tedious but not an uninstructive detail; I shall, therefore, merely refer to some of the most malignant cases, where the recovery of the patient was undoubtedly owing to the bold exhibition of acetate of lead, and where the success of this practice was acknowledged by witnesses the most unexceptionable and competent.

Mr. Peile, Deputy Inspector General of Hospitals, and Staff-Surgeon Colclough, will not readily forget the apparently hopeless case of an assistant-surgeon in the army, whose life was thus saved. Dr. Marsh was so struck with the effects of this medicine in the case of a young gentleman residing in the house of the Rev. Mr. Bermingham, Charlemount Mall, that he did not hesitate to my trying the same remedy in the case of Mr. Kerin, then President of the College of Surgeons, whose case seemed to be desperate. Mr. Maturin, son of the celebrated writer, was attacked in the most violent manner, and, indeed, neither I, Mr. M'Namara, or Mr. King, had any hopes of his recovery; yet he too was saved. Nothing could be more appalling than the state of Mr. Wilson, of Charlemount street. The effects of the acetate of lead in his case were so striking, that Mr. Mulock immediately adopted the plan of treatment, and he assures me that he has thereby saved a great number of very bad cases. Dr. Davis, surgeon of the 18th, or Royal Irish Regiment of Foot, witnessed with extreme interest the acetate of lead tried, and tried successfully, in a very bad case at the Richmond barrack. Equally successful results followed the trial of this remedy in the hands of other practitioners, both in Dublin and various towns in Ireland, during the epidemic of 1834.

After I found out the benefits resulting from the employment of acetate of lead, I no longer desponded when called to cases of cholera, knowing that in the great majority of instances the disease would yield. Of course there are cases of cholera which admit of no treatment, and which an experienced eye will at once recognise as fatal; they occur generally among the aged, or the very young, and are fatal in the course of a few hours, often without any premonitory diarrhœa. But this constitutes no valid objection to the practice; for in what disease do not cases occur which baffle all our efforts? Fever, scarlatina, pneumonia, croup, inflammation of the brain, of the bowels, and many other affections, occasionally exhibit a degree of intensity which renders them as intractable, and as speedily destructive, as even the worst cases of cholera. But does this occasional intensity and occasional intractability, of certain cases, lead us to regard the diseases above enumerated as beyond the reach of medicine and the control of the physician? By no means; for although we feel our efforts in the particular cases specified to be unavailing, yet we also feel that where the intensity of these diseases is less, we can save numerous lives that would otherwise be lost; so it is, likewise, with cholera.

I may remark that, since 1834, cases of true Asiatic cholera occur sporadically every now and then in Dublin, as I believe happens also in most large towns in Europe once visited by this pestilential epidemic. Of these I have lately seen two decided cases; both were likewise visited by Mr. Mansfield. Both were saved; and yet one was so violent as to have reduced a powerful young man to a state apparently hopeless, in the course of three hours.

I cannot conclude without imploring the profession, in every part of the world where cholera prevails, to give my plan of treatment a fair trial, for I feel confident of its efficacy.

I have the honour to be, sir, your obedient servant,

Robert J. Graves, M. D.

Dublin, October 9th, 1837.

BIBLIOGRAPHICAL NOTICES.

Professor Aikin's Introductory Lecture.[1]

Professor Aikin is one of the medical faculty, engaged in delivering lectures in Baltimore, who conceive themselves entitled to corporate privileges under the charter granted in 1812, by which regents were appointed to manage the affairs of the university. In 1825, the legislature modified the whole management, and appointed a board of trustees in place of the regents —by which board the affairs of the university have been conducted ever since. Our readers may recollect, that—a few months ago—the then professors of the University of Maryland, appointed by the board of trustees, resigned their situations, and that their places were filled by other gentlemen, who consider themselves the *true* representatives of the University of Maryland. Under the impression, however, that the law of 1825, by which the trustees were appointed, and under which they have since acted, was unconstitutional, and therefore void, the ex-professors were reappointed by the regents under the charter of 1812, and they—with two others—one of whom is the intelligent gentleman whose introductory lecture is before us, constitute what is termed the "Regent's Faculty of the University of Maryland." Which of the faculties is the valid one, a court of law, we presume, will sooner or later determine; at present the matter is *sub judice.*

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[1] An Introductory Lecture delivered before the Medical Class of the University, November, 1837. By William E. A. Aikin, M. D., Professor of Chemistry. 8vo, pp. 20. Baltimore, 1837.

Situated as the two faculties are in relation to each other, it was to be expected—or rather to be apprehended—that some acrimony of feeling might exist between them, especially between those who had already formed part of the university. Good taste and professional delicacy and propriety, however, prevented the extension of such feeling were it ever permitted to escape them.

The present lecture, we are happy to see, is entirely free from any illiberal reflection or ungenerous inuendo, and is calculated to imbue the student with a lofty estimate of the elevated profession he has embraced, instead of encouraging him to acts of professional discourtesy and malevolence. The subject chosen by Professor Aikin is the advantage resulting from the study of physical science and especially of chemistry, and the apposite character of the discourse may be appreciated from the peroration.

> "Gentlemen, the profession you have chosen is a laborious one,—laborious in its acquisition, laborious in its application. Chemistry constitutes but a single branch—others of equal importance will claim your attention. But in all, every thing depends upon your zealous co-operation. Hereafter you will be called upon to support the true dignity of the medical profession—a dignity that will not condescend to the artifices too often adopted to obtain business or preferment. And this can only be done by superiority of learning and magnanimity of conduct—by a conscientious fulfilment of the honourable duties of a life devoted to science and humanity. Strong in a consciousness of right you may bid defiance to all the machinations of ignorance and illiberality. To accompany you in your onward career, to assist your investigations, and lay before you the details of a science which constitutes my particular province, will be the high aim of my continued exertions, and my reward will be, gentlemen, your future eminence and success."—p. 20.

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Clutterbuck on Fever.[1]

The author of this "Essay" is a veteran writer on fever, whose name and published views are probably equally well known to many of our readers. The essay before us, which appears in monographic form in the present number of the "Library," presents the opinions of an attentive observer through a long and successful career of practice. Nothing can better exhibit the immense utility of such a work as the "Library" than the fact that the "Essay" appears in little more than two weeks after its reception in this country; and at *one fourteenth* part of the price of the original!

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[1] An Essay on Pyrexia, or Symptomatic Fever; as illustrative of the nature of fever in general. By Henry Clutterbuck, M. D. 8vo, pp. 136. London, 1837.

Graves's Clinical Lectures.

The valuable lectures of Dr. Graves—published in the London Medical and Surgical Journal, and in the London Medical Gazette—which were commenced in our last number, will be continued until completed. In a letter which we have recently received from the distinguished author, he thus kindly expresses himself:—

"It is a great satisfaction to us here to observe the progress our brethren in the States are making in all the sciences, and especially the medical. I always feel much pleasure in paying attention to physicians and surgeons of your country who visit us, and lately have had the pleasure of seeing two eminent men, Dr. Warren of Boston, and Dr. Ludlow of New York. When any of your friends visit Dublin I shall be glad to have an introduction from you by them."

Case of Monstrosity.—The following case of monstrosity has been communicated to the "Bulletin Médical Belge,"[1] by Dr. Stacquez, of Venloo.

The woman Vallen, of Venloo—mother of four children brought forth at the full time and well developed—was delivered on the 8th of May, 1837, of a child of the female sex, which presented the following vices of conformation. Although mature, the infant was not more than one foot in length, and appeared about three or four pounds in weight. The face was especially remarkable for the considerable projection of the superior maxillary bones, which gave the mouth the appearance of the beak of a bird. The eyes and nose were normal; the ears were placed very near the upper part of the neck; and the interior of the mouth presented a large division of the velum palati and of the palatine arch. But what rendered this anomaly interesting was, the conformation of the thoracic extremities. At the first aspect, one might say that the arms were wanting and that the fore-arms alone existed and were very short; but a more attentive examination enabled Dr. Stacquez to discover the following particulars. A small broad and flat bone occupied the place of the humerus; it was articulated superiorly with the glenoid cavity of the scapula, and inferiorly with a bone of the same size and of the same shape, which, by its inferior extremity, was articulated with the bones of the carpus in such a manner that the hand was bent slightly inward. The only difference which existed between the two limbs was, that the thumb of the right hand was wanting. The fingers were united by a kind of membrane, so that they resembled very much the feet of a palmipede animal. The chest was well developed, when compared with the rest of the body. The abdominal extremities offered nothing remarkable, except that the right foot was carried outward and turned upon the leg.

This child was (on the 27th of May) nineteen days old, and it had not then been possible to make it take any thing but a little sugared water, (*eau sucrée*), which it rejected immediately, if precaution was not taken to give it only one or two drops at a time. All the other functions were well executed.

This case belongs to the class of monstrosities by arrest of development of several parts, and also by excess of development, if we consider the projection of the superior maxillary bones. "I shall enter," Dr. Stacquez wisely concludes, "into no reflections touching the cause of this monstrosity, which the inhabitants of Vanloo attribute erroneously to the imagination of the mother during her pregnancy: they would only draw me into hypotheses which would be combated as soon as propounded."

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[1] Juin 1837, p. 101.

Substitute for the Liquor Opii Sedativus.—In a recent English periodical[1] Mr. Houlton recommends the following preparation:—"Take two ounces and a half of the best Turkey opium; thirty-two fluid ounces of Beaufoy's acid, the strength of pickling vinegar; macerate with a gentle heat for six days, frequently shaking the vessel; then filter, and evaporate the fluid to the consistence of the extracts of the pharmacopœia, finishing the evaporation by the spontaneous method. (This he employs under the name of *extractum opii aceticum.*) Take the above extract; alcohol, five fluid ounces; distilled water, thirty-five ounces; macerate for eight days and filter."

This liquor is about the strength of the tinctura opii.

Cutaneous Eruption caused by the Use of Copaiba.—Dr. Grossheim[2] has recently published three cases of this kind. They are by no means uncommon; those that we have seen appearing to have been partly caused by the copaiba having been administered in very large doses. The eruption—a form of urticaria—is produced in the same manner as, and is identical in its nature with, that caused in particular idiosyncrasies by the use of shell-fish, and certain other articles of diet.

According to Dr. Grossheim, Dr. Wisbach has noticed the same effect from the use of cubebs.

Statistics of Sexual Diseases and Cancer in Females.—M. Tanchou[3] gives the following as the statistics of sexual diseases and cancers in females at different ages, in Paris.

Before 20 years, 25 diseases of the sexual organs and no cancer.

From	20	to 30	years,	442	sexual	diseases	and	86	cancer.
"	30	40	"	279	"	"	"	212	"
"	40	50	"	137	"	"	"	402	"
"	50	60	"	70	"	"	"	353	"
"	60	70	"	60	"	"	"	242	"
"	70	80	"	42	"	"	"	147	"
"	80	90	"	13	"	"	"	58	"

New Medical Periodical.—We have received the prospectus of a new medical journal to be entitled the "Medical Examiner," and to be devoted to medicine, surgery, and the collateral sciences. The editors are Drs. J. B. Biddle and M. Clymer, of this city.

The plan of the "Examiner" will be that of the weekly gazettes of Paris, London, and other European capitals, and amongst other matter it will contain clinical reports of interesting cases in the hospitals of the city and elsewhere.

The first number will appear on Wednesday the third of January, 1838, and on every alternate Wednesday thereafter. It will be printed on a large sheet; will—it is averred—be neatly executed, and contain sixteen pages, 8vo, of double column: the price, three dollars a year, payable in advance.

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[1] London Medical Gazette, for August 12, 1837.

[2] Medicinische Zeitung, Feb. 22, 1837, s. 36. See also Ibid. No. 36, Sept. 7, 1836.

[3] Journal des Connaissances Médicales, Nov. 1836.

We hail the appearance of every new promoter of science with sincere pleasure, and we trust that the editors of the proposed periodical may meet with that success which will enable them to devote their energies to the important cause in which they have embarked.

Such an undertaking, fulfilled with zeal and ability, cannot fail to be useful to the profession.

Solid Nitras Argenti in the Gonorrhœa of Females.—We have before alluded to this subject.[1] In a late medical journal[2] we find additional evidence in favour of the view then taken. Mr. H. S. Taylor, of Hereford, has employed the nitras argenti and seen it employed, since Dr. Hannay's publication, in between thirty and forty cases, and he states, that "it is not only a most efficacious remedy, but that it is unattended with *any bad symptoms*, and excites scarcely any uneasiness." He has invariably found that in twenty-four hours after the application of the solid nitrate of silver, the nature of the discharge underwent a considerable change, and in the course of a few days ceased altogether.

Emphysema from Bursting of the Lung—Recovery.[3]—Mr. George S. Lilburn has described the case of a child four years old, labouring under hooping-cough, whom he found, on being called in consultation, lying in a state of coma consequent on convulsions. Emphysema existed above the left clavicle, which, in a few days, extended through the cellular texture of the whole body, and was so extensive over the abdomen and ribs as to raise the skin at least one inch in that situation. From the puffed appearance of the face, the child's friends could not recognise him.

The main treatment consisted in keeping the child as quiet as possible, giving a solution of tartar emetic, with tincture of foxglove, in frequently repeated doses, to reduce the circulation and respiration to the lowest possible ebb; and having the bowels relieved daily by a gentle cathartic. The diet was confined to one pint and a half of asses' milk per diem. After about a fortnight the crepitus began to subside, and continued to do so, gradually but slowly, until it entirely disappeared.

BOOKS RECEIVED.

From the Author.—University of Maryland, under its original and perpetual charter of 1812.—An introductory lecture, delivered before the medical class of the university, November, 1837. By William E. Aikin, M. D., Professor of Chemistry and Pharmacy. 8vo, pp. 20. Baltimore, 1837.

From the Author.—The Monument Cemetery of Philadelphia (late Père la Chaise), containing several scientific essays on the subject of rural cemeteries. Published by John A. Elkinton, M. D., the projector. 8vo, pp. 38. Philadelphia, 1837.

Guy's Hospital Reports, No. V., October, 1837. Edited by George H. Barlow, M. A. and L. M. Trin. Col. Camb., Inceptor Candidate of the Royal College of Physicians, and Physician to the Surrey Dispensary; and James P. Babington, M. A., Trin. Col. Camb., Member of the Royal College of Surgeons. 8vo, pp. 240 (ten lithographs). London, 1837.

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[1] Intelligencer, for Sept. 1, 1837, p. 206.

[2] London Medical Gazette for Oct. 7, 1837, p. 63.

[3] Ibid, Sept. 16, 1837, p. 913.

THE

AMERICAN MEDICAL INTELLIGENCER.

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ART. I.—ON BELLADONNA AS A PRESERVATIVE AGAINST SCARLATINA.

We extract the following article from a respectable French periodical, in no respect attached to the novel doctrines of the homœopathists.[1] Although feeling in the same manner towards those wild speculatists, we have thought it advisable for the last few years to endeavour to test the prophylactic virtues of belladonna during the prevalence of epidemic scarlatina.

Whether the article exhibited had any preventive agency it is not easy to determine. All we can say is, that the children to whom it was exhibited did not contract the disease.

If the belladonna really possesses any anti-scarlatinous virtues, this can only be tested by experiment, which alone established the antivariolous power of the vaccine matter,—a power, by the way, long contested with much obstinacy by many, until the evidence became overwhelming. With the writer of the following article we invite our brethren to test this interesting question for themselves.

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A note inserted by Dr. Thiébaud, in the Journal of Medicine of La Loire Inferieure, reminds me of the innumerable works published during fifteen years by the first physicians of Germany, regarding the preservative action of belladonna in scarlatina. I have asked myself how it happened that those essays, methodical as conclusive, have not been repeated in France, and I have been unable to explain the culpable negligence of our confrères in this respect. Nevertheless the subject was worthy of peculiar attention. Having lately had opportunity of treating some children affected with scarlatina in numerous families, I was desirous of examining the validity of the results presented by the German physicians; and I conscientiously believe, that belladonna very truly possesses the virtues which have been accorded to it. Scarlatina is one of the eruptive diseases whose transmission is most of all to be feared; when it becomes developed in one subject in a college, or boarding-school, it is not infrequent to see it communicated gradually to twenty or thirty children. A short time since I had to attend on a little girl, who had contracted the scarlatina at the infirmary of the boarding-school of Sacre-Cœur; being removed home, she communicated it to her mother and two of her sisters. At the same time I observed also three children successively attacked by scarlatina in the same family. These facts led me to administer belladonna, in circumstances when the contagion of scarlatina was dreaded, and I am much deceived if this medicine has not had every effect which I expected from it. M. E., captain of engineers, arrived in Paris with his wife and two young children; he resided at his brother's, who had also three children, one eleven, the other eight, and the third six years old. The eldest of these was at boarding-school. The governess of the captain's children, nineteen years of age, was attacked with scarlatina, and communicated it to the youngest child, who was two years old. The sister aged four years, as well as the mother, who did not leave this apartment, were immediately submitted to belladonna. The same thing was done with two of the brother's children, who continued to have communication with the little patient affected with scarlatina. None of those who took the belladonna have had the disease, and it has been caught by the child of eleven years of age, who left the boarding-school in order to pass two days with her parents. This latter did not take belladonna.

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[1] Bulletin Général de Thérapeutique, No. 12, Juin 30, 1837.

The following is the formula which I made use of. Take of recently prepared extract of belladonna, three grains; dissolve it in an ounce of cinnamon water; add fifteen drops of alcohol. I administered morning and evening, for a month, as many drops of this solution as corresponded to the number of years of age of the child. It is not, however, necessary to exceed the dose of fifteen drops in an adult.

I believe that I by the same means preserved from scarlatina two children of M. Kilien, of Astorg street; I have reason to think so, for their eldest brother, who was affected with this disease, communicated it to the child of a neighbouring lady, who sometimes visited him.

These facts alone would be of no value if they were not corroborated by an enormous mass of others, observed in Germany. More than twenty-five practitioners of that country are occupied in verifying this point of therapeutics. Without mentioning the authors who have not kept account of the quantity of patients they have attended, would it be believed that the number of children or adults who have taken belladonna, during more or less violent epidemics of scarlatina, has amounted to 2027, and of this number 79 were affected with the disease. They are not unheard of physicians who have lent their names to this prophylactic medication; there are Hufeland and Schenk, who, of 515 subjects subjected to belladonna, found 3 only affected with scarlatina; Cumper, who of 84 had only 2; Berndt, who of 195 had 14; Behr, who of 47 had 6; Velsin, who of 247 had 13; and Murbeck Dusterberg, &c.

Hufeland acknowledged the antiscarlatinous property of belladonna; he made frequent use of it in his own practice, and he asserts that he had not seen a single subject whom he had treated attacked with this disease.

Dr. Murbeck asserts that for seven years he has employed, always with equal success, belladonna as a preservative against scarlet fever. Whenever the disease manifested itself in any house, either sporadically, or consequent on epidemic influence, he administered to every individual threatened with contagion the preservative in question, taking care to make them continue this treatment to the complete desquamation of the patients; he had recourse to the same preservative in families where the disease had not yet manifested itself, and he asserts that all who, during the space of seven years, have been subjected by him to the use of belladonna were preserved from scarlet fever. As to the question of how the belladonna acts in preventing contagion, he thinks that it destroys the susceptibility necessary for contracting scarlatina, precisely in the same manner as the vaccine matter counteracts the variolic virus, with this difference, however, that the extinction produced by the vaccine is permanent, whilst the operation of belladonna is according to every appearance transient. That physician employed the following formula:—Extract of belladonna, obtained by the evaporation of the fresh juice of that plant, two grains; fennel water, an ounce; dissolve. To children from one to ten years old, he ordered from one to five drops of it four times a day; and to children above ten years, as well as adults, from six to ten drops.

Dr. Dusterberg, of Warburg, has administered belladonna with such success that during three consecutive epidemics of scarlatina, he looked upon this prophylactic remedy to be as efficacious as vaccine matter in small-pox. In order to be more certain as to the results, he made one of the most conclusive experiments. He selected, in each family submitted to treatment, one child, to whom belladonna was not given. All the children thus excepted were affected by the contagion! Dr. Dusterberg made use of a solution of three grains of the extract of belladonna in three drams of cinnamon water. He administered according to age, from ten to fifteen and twenty drops twice a day.

Dr. Velsen, of Clèves, among two hundred and forty-seven persons, who made use of belladonna, had only thirteen who contracted scarlatina, to wit, four children, who used the remedy for several weeks, though irregularly; one child who took it regularly for fourteen days, another for eight days, and seven who had taken it only during forty-eight hours. He records the history of the father of four children, who, having for a few instants only visited a friend labouring under scarlatina, became affected a few days after with this disease in a high degree; his wife and children, the younger of whom was three weeks old, and the eldest four years, used uninterruptedly the extract of belladonna: although they lived with the patient day and night, in a small and hardly ventilated chamber, none of them was affected. That physician concluded from his numerous observations,—1st. That belladonna is a preservative against scarlatina, in a great majority of cases. 2dly. That the disease is milder in those who have made use of it. And 3dly. That when administered in the doses pointed out, this substance is not attended with any danger. Velsen gave the following prescription:—Take of extract of belladonna, two grains; distilled water, two ounces; alcohol, two drams. The dose was from five to ten, fifteen, and even twenty drops, twice a day, according to the age.

What then must we conclude from all that precedes? Shall we say with the German physician, "That to call in doubt the prophylactic virtue of belladonna is to refuse to see with the eyes open?" Assuredly not: we cannot be so positive, for we are far from being completely convinced. But we will say that this subject is worthy of being studied, and we request our *confrères* to elucidate it by their observation, profiting by the practical evidence which we lay before them. A.

Art. II.—CASE OF ALLEGED IGNORANCE AND MALPRAXIS.

For the following report and subjoined remarks we are indebted to Dr. Thos. Rolph, of Ancaster, Gore District, Upper Canada. The case was tried at the recent assizes held at Hamilton, in that district, and the report is taken from shorthand notes. It is one—as Dr. Rolph remarks—which is of importance in medical jurisprudence; and hence we publish it in detail.

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The Queen *v.* Flint L. Keyes.

This was an action brought against the defendant for having unskilfully used improper instruments during the labour of a Mrs. Lydia Miller, by which grievous injury was inflicted on her child. The case on the part of the prosecution was ably stated by the Hon. W. H. Draper, Solicitor General. He stated that he had preferred bringing the defendant before them for a misdemeanour, caused by ignorance, negligence, and unskilfulness in his profession, rather than for the higher and more serious charge of infanticide, of which crime there might be doubts. He should call on some of the women who were present during this labour, and also on the medical gentlemen who examined the child, and if the jury were fully satisfied that unnecessary rashness and violence had been resorted to during the progress of this labour, by which damage and injury had been inflicted on the child by improper instruments, they would then convict the defendant; if any doubt, however, existed on their mind, it was certainly then their duty to give the defendant the benefit of their verdict.

Susannah Pepper, examined.—Was present with Mrs. Lydia Miller both during and at her delivery on the 18th of Sept., 1835. She was first seized with pains in the evening of the 17th, about sunset. Dr. Keyes was sent for from Brantford, and arrived between nine and ten o'clock. The labour was completed the following morning, about an hour and a half after sunrise. It did not exceed altogether thirteen hours from its commencement to its termination. Came before Dr. Keyes. About midnight, or more towards morning, Dr. Keyes attempted to deliver Mrs. Miller with a pair of forceps, but did not succeed; he then asked for a pair of common house scissors, which were handed to him—they were then clean. Saw him place them under the bed-clothes in the direction of the woman. After using them some time on the woman, took them out and flung them on the ground—they were then covered with blood. Mrs. Miller had had several living children before this. Was there when Dr. Rolph came. The child was born two hours after he arrived—it was dead.

Cross-examined.—Did not observe much flooding—was not aware of any. Was altogether much alarmed, never having seen the use of such an instrument before.

Martha Stroubridge, examined.—Was present with Mrs. Miller during her labour and at her delivery. Mrs. Miller was at her house all the afternoon of the seventeenth, and walked home. She was taken bad at night. Sent for Dr. Keyes, from Brantford, who arrived between nine and ten o'clock. Mrs. Miller was the mother of seven living children. During the night she was in great distress. Dr. Keyes said it was necessary to use the instruments. He tried to apply the forceps, but he did not succeed. Some time after that he asked for a pair of scissors; they were handed to him. Saw him take them into his hand and introduce them under the coverlid in the direction of Mrs. Miller; after using them for some time he dropped them from his hand on the floor; they were then bloody. From what passed at the time she is quite sure that Dr. Keyes meant to deliver the woman immediately by using the scissors on the head of the child. The woman called on Dr. Keyes to break the child's skull. Did not observe much flowing.

Cross-examined.—There was some flowing, not a great deal. Dr. Keyes asked for cloths, which were handed to him. He applied them to Mrs. Miller. Did not think the flooding was alarming. Did not perceive that she was faint; she was in great pain. Dr. Keyes could not use the forceps. Heard something about Dr. Mullen having applied them formerly to Mrs. Miller, but was since informed by Mrs. Miller that no instruments had ever been used in any of her former deliveries.

Mrs. Henry Odell, another female who was present during the labour, was not called by the officer for the crown, nor by the defendant's counsel, although one of the latter held a long conversation with her during the examination of the witnesses.

Dr. Rolph, of Ancaster, examined.—Was called from his bed on the morning of the 18th of Sept., 1835, between four and five o'clock, to hasten to a Mrs. Miller in her accouchement, in the fifth concession of Ancaster, distant seven miles from the village of same name. The messenger who came for him, represented the case to be one of extreme urgency, the woman being supposed in imminent peril of her life; requesting him to bring along with him all his midwifery instruments. On arriving at the fence, situate about twenty yards from the house, he was met and accosted by Dr. Keyes, who informed him that he had been some time in attendance, that the case he apprehended was a desperate one, and that the mother could not be saved without the sacrifice of the child. He replied to Dr. Keyes that he should be a better judge of that necessity, after having seen and examined the patient. Finding the pulse and the countenance good, he proceeded to make a manual examination, and discovering that the labour was then only in course of progress, and the presentation natural, he recommended patience. After waiting about half an hour, and finding a degree of inertness about the labour, the pains not being powerful, although the womb was nearly fully dilated, he administered a preparation of ergot of rye, a medicine frequently given to accelerate the pains when the powers of the womb are sluggish; first also having learnt from Mrs. Miller that she had had several living children previously, and that her former labours had always terminated well, although always somewhat protracted. The pains becoming brisker, the head of the child was soon forced down and expelled. As soon as expelled, he observed a wound on the scalp of the child about an inch in length, which, some of the women present informed him, had been inflicted, during the course of parturition, by Dr. Keyes; and knowing that there was an evident distinction in law, between the destruction of the child while yet in the womb, or the destruction of the child fresh born, or during labour, the one termed fœticide, the other infanticide, he resolved to make as accurate an examination of the infant as possible. Whether the child breathed or not, after its expulsion, cannot remember—thinks if it had that he should not have forgotten it—but as there was sufficient evidence of existing mortal injuries, which it was morally impossible could have been the consequence of accident, but must have been caused by violence, was induced to inspect the child very carefully. It was a male child, full grown, the ossification was as complete as it could be at birth, and the testes were in the scrotum. The child being perfectly developed, rendered the probability much greater of its being born alive, and which he firmly believes it would, had it not been for the puncture with the scissors. Had the growth of the child been stunted, or its appearance immature, it might have been stillborn from natural causes. He requested his friend Dr. Craigie to accompany him to an examination of the child's head, after he had got an order from the magistrates, to whom he had communicated the entire transaction on his return home from the case. There was a wound of an inch in length on the left parietal bone, beneath which was a firm coagulum of blood, amounting to at least two ounces; and a bruised appearance extending from the wound to the neck. The pericranium was much lacerated, and the bone of the skull considerably indented. On a review of the whole case he gave it as his decided opinion that there existed no necessity for any instruments at all—that craniotomy was out of the question—that it was proved so, as the labour had terminated naturally, favourably, and as well as all her previous labours had done—that a common pair of scissors could not possibly perform such an operation even if required—that the period in the labour had not arrived when it could be either safely or properly performed—that an operation involving the life of a child should not be attempted, although to save the life of its parent, except in the presence of a second medical man whenever he could, by possibility, be procured—and that he firmly believed that the death of the child, in this instance, was solely owing to the injury inflicted on it by an improper instrument, and in unskilful hands. The labour was strictly a natural one in every respect, having terminated by the contractions of the womb alone, and in a moderate period of time. Dr. Blundell, his preceptor, recommends to his pupils not to use instruments until between thirty and forty hours after the rupture of the membranes.

Cross-examined.—Does not believe that there had been any flooding—certainly none to cause alarm—saw no indication of any whatever, either on the floor or on the person of the patient, or about the bed or bed-clothes—saw no bloody clothes—there were none in the room. Was not informed and did not hear of her having been removed to another bed before he came. The pulse of the patient was firm and good—her countenance natural, neither flushed nor pallid—opium undoubtedly might have produced that state of tranquillity—its operation is not uniform, it will sometimes quicken, as well as check, the velocity of the pulse. Dr. Keyes did meet witness at the fence but said nothing more to him than that it was his impression that craniotomy must be performed--did not inform him of any flooding--it was not mentioned either by him or the women present—did not say that he had attempted the use of the forceps, nor that he had used any scissors. Witness came immediately after the delivery and gave information to the magistrates—also drew up a statement for the medical board. Having taken these steps at the time, he felt, as it regarded himself, relieved from any further responsibility. Should not have brought it forward at this time, but was induced by Dr. Digby, who had appeared before the grand jury, and stated to them this case and other cases of malpractice on the part of Dr. Keyes. Witness gave Mrs. Miller the ergot of rye owing to the sluggish state of the uterus. The os uteri was not fully dilated at the time, but Dr. Keyes had hours before that tried to use the forceps. The hand could readily reach the ear. Gave the decoction of the ergot of rye in three divided doses—making use of one dram for the three. Is not aware that there is great difference amongst medical men when to administer this auxiliary to labour—thinks it may be given advantageously after a moderate dilatation of the os uteri if the pains were infrequent and dull—before that time thinks it would not be advisable to give it. Witness was most decidedly of opinion that craniotomy, the reduction of the diameter of the head, could not have been effected by a pair of common house scissors—will not positively say that it might not, but is firmly of opinion that it could not. Was not aware that the umbilical cord was so entangled round the child's neck as to choke it—never yet knew of a child being choked until it had breathed—will positively swear that had there been such an entanglement of the cord he would have soon extricated it—is clear that that did not occasion the child's death. It is not absolutely necessary that the child should respire immediately—sufficient time would exist to allow of the disentanglement and division of the cord. Thinks he held no conversation whatever with Dr. Keyes in the house. He informed Dr. Marter of Brantford, by letter, of this transaction, in order that Dr. Marter might communicate it to Dr. Digby, against whom an action for slander was pending at the suit of Dr. Keyes. Preferred giving the information in writing, and through a third person, in order that it might not be deemed a confidential communication. Is certainly quite unconscious of coagula of blood being common during labour, under the scalp, when instruments have not been used—never met with any such instance—never heard of one. Has frequently seen and met with a tumefied and puffy state of the scalp induced by severe and protracted labour—had no cause for supposing it an effusion of blood—this case by no means did he view as a difficult labour—it certainly was not. In cases only of tedious or unnecessarily protracted labour would it have been prudent to give ergot of rye. In this case the pains were far between and feeble, perhaps from the administration of opium. Has performed the operation of craniotomy on the same individual three times in the province, once in the presence of the late Dr. Willison, once with Dr. Craigie, and lastly, during this last summer, in presence of Dr. Gun—in neither case until forty hours had elapsed after the rupture of the membranes. Would not consider himself justified in destroying a child's life except in presence and with the concurrence of another medical man if he could possibly be procured. Thinks the average duration of labour shorter in this province than in England—climate might occasion some difference.

Dr. Craigie, examined.—At the request of Dr. Rolph went with him and examined the head of the child of a Mrs. Miller. The child was disinterred by the brother of a Mrs. Miller and another man, and identified. Had the appearance of a child at the full period of gestation—was well formed and plump, although very pale,—putrefaction had not commenced. On the left side of the head the cap was much stained, as if by bloody serum. Over the left parietal bone was a considerable tumour, about three inches in diameter, of a bluish colour; a streak of the same colour extended downwards behind the ear to the side of the neck, and was rounded at the extremity as if caused by the edge and end of a forceps blade—there was a simliar appearance on the opposite side, but narrower and less distinct. On the middle of the tumour and over the centre of the left parietal bone was an irregular ragged wound, about an inch in length, penetrating to the bone, which was much indented and scratched. The tumour was found to consist of a firm coagulum of blood—upwards of two ounces between the skin and pericranium and near the site of the wound, also under the pericranium, a considerable portion of which was detached from the bone. There was also very considerable sanguineous effusion along the tract of the discoloured mark on the side of the head and neck continuous with the lower part of the tumour. Considering the above amply sufficient to prove that unwarrantable injury had been done to the child some time previous to and probably causing its death, it was considered unnecessary to prosecute the dissection under the circumstances, which were particularly unfavourable for careful or protracted dissection. Should not have recollected all these particulars if it had not been for the notes which he made at the time. Was shown a large pair of house scissors at Mrs. Miller's house by Mrs. Miller herself, who informed him that they were the pair used; they were very blunt.

Cross-examined.—Certainly thinks the injury inflicted the most probable cause of death. Did not examine the brain. Cannot say what mischief, or if any, was done to that organ by the depression or indentation of the bone. Does not believe it practicable to perform the operation of craniotomy with a common pair of scissors. Would never attempt that operation alone if another medical man could possibly be procured. If any flooding existed, rendering interference necessary "*would pursue a totally different course from that which was pursued.*" The wound, in his opinion, must have been inflicted a considerable time before the death of the child. Believes the coagulum of blood to have been produced by the wound—it could not have occurred from the pressure on the child's head during a natural delivery.

By one of the Jury.—Had no hand whatever either directly or indirectly in the institution of these proceedings. Knows nothing of how they originated.

For the Defence. Mrs. Stroubridge recalled.—Remembers that Mrs. Miller was removed from one bed to another. There was but one room in the house. She flowed considerable. Some blood had run upon the ground. She did not faint. The pains were very severe.

Dr. Jabez Kellogg, examined.—Would sometimes in cases of violent flooding resort to the perforation of the child's head, but never until every other means had been tried to arrest it, such as rest, horizontal position, wet cold applications,—would only resort to such operation to save the mother. Has frequently seen coagulated blood on the heads of children born alive, owing to great pressure in a very severe and long protracted labour—has found it necessary to puncture the scalp to permit the escape of the coagulum. In the case of Mrs. Miller's child the wound inflicted by the scissors might or might not have produced death—thinks it would be very difficult to pronounce—is of opinion that the hemorrhage causing the coagulum might have taken place in the child's scalp after its birth, even though it had been born dead. In a case of perforation of a child's head, if he had not succeeded in penetrating the skull, where the operation was performed, in consequence of flooding, and the flooding had ceased, he would certainly desist from the operation and not make further efforts to break the head down.

Cross-examined by the Hon. W. H. Draper.—Now, sir, you have heard the whole of this case, would you have acted as Dr. Keyes did?

I certainly should not.

Hon. W. H. Draper.—I have not another question to ask you.

Dr. Oliver Tiffany, examined.—Is of opinion that a wound made some time before the death of a child, on its head, might produce a coagulum of blood, from the circumstance that the head was being propelled outwardly by an inward force. Thinks one or two ounces of coagulated blood on the skull of children very common. Is of opinion that ergot of rye very frequently destroys children, particularly if given before a full dilatation of the os uteri. Would himself have no hesitation in using a common pair of house scissors for the perforation of the head in a case when he could not readily procure a perforator. The scissors he apprehended would make no difference to the mother and cause but little more pain to the child—they would be cumbrous and unhandy to the operator, but thinks the operation of craniotomy might effectually be performed by them. Believes it must have taken at least four ounces of liquid blood to have formed a coagulum of two. The coagulum is always found on the presenting part. Thinks that pressure on the umbilical cord was more likely to have caused this child's death than the wound inflicted on its scalp, the indentation of the skull, and laceration of the pericranium. Does not believe that a wound on the scalp, even accompanied with a large coagulum of blood, would alone cause a child's death—should certainly look for and refer it to other causes than that, more especially from pressure on the umbilical cord. Had seen an instance of death occurring in his own practice by entanglement of the cord round the child's neck, the strait of the pelvis being narrow and retarding the expulsion of the head, the pains being at the same time severe and continued; after a lengthened effort to resuscitate, one or two feeble respirations were induced, but the child died.

Cross-examined.—Forgets the proportions of the blood, but thinks it would not take more than four ounces of liquid blood to produce a firm coagulum of two. The perforator is used for breaking down the brain, not the skull. After the brain escapes the skull will yield to the force of the pains, and the diameter will become consequently reduced. Does not believe that scissors which were so dull as not to be able to perforate the skull after repeated attempts, could sufficiently indent or depress it as to produce compression of the brain, or extravasation of blood. Is certainly of opinion that the contractions of the womb became so violent and continuous from giving ergot of rye as to endanger the child's life—it is not generally given in England, France, or the United States—has never administered any himself—never seen any one else do so—has never read any work treating of its powers—does not find it recommended by Burns—has seen no great medical authority advising its use. Heard every particular of Mrs. Miller's case—would not have acted like Dr. Keyes.

Dr. Dickinson, examined.—Has heard the description of the wound inflicted on Mrs. Miller's child's head. Thinks it possible that an indentation of the skull might be made without producing mischief beneath. Does not think that the pressure caused by making an unsuccessful effort to perforate could be so strong and long continued as to destroy the child. Thinks that a complete perforation would be necessary to produce the death of the child. Does not think the mere pushing of the instrument against the skull could injure the child. Is decidedly of opinion that the child's death did not ensue from violence, as the perforation was not accomplished. Would be very sorry to say that the death of the child had been caused by the wound—however, will not say that it was not. Had he even seen and examined the wound, could not have known that it had been either the cause of or instrumental to death without making a thorough examination of the child. The brain ought to have been examined. Is of opinion that a pair of blunt house scissors, such as described, could not effect much more injury than the hand. Thinks that in cases of difficulty and emergency a physician should act on his own responsibility. Thinks a case might arise where he might prefer using a common pair of scissors in preference to waiting two hours for a more proper instrument. If pulsation had been arrested by any pressure on the umbilical cord it would cause death. Entanglement of the cord is not uncommon, but is readily rectified. Coagula are not uncommon—was attending a case of severe labour, where he knew the head was the presenting part, but the pressure was so great as to produce two apparent tumours on the head; that when Dr. Jewett came to the case he mistook the presentation for that of the breech. Ergot of rye produces powerful action of the womb—has known of its administration—thinks it was as properly given in this case as in any that has come within his notice.

Cross-examined.—Certainly he should not have acted as the defendant had done under the circumstances of the case. If he was in attendance in a case, however, where flooding was very violent, he should resort to immediate delivery "*by perforation of the head!!*" Is certainly inclined to think that the defendant did not take a proper course. It is, however, difficult to determine what might be done under extraordinary circumstances. It is impossible to pronounce an opinion of rashness from being obliged to take violent measures in a sudden and pressing emergency. Could really see no valid or substantial objection to the use of ordinary scissors for piercing the skull if that measure was deemed desirable. Certainly as the case turned out it was to be regretted that the attempt at perforation was made. Would have used the forceps himself. Thinks that four ounces of blood would not be missed by the fœtus in utero as it would be soon supplied with more. Would himself refer the death of the child to some unknown or non-apparent cause than to the various injuries which had taken place.

Mr. O'Reilly then addressed the jury for the defendant, commenting on the great lapse of time which had intervened since the alleged misconduct of Dr. Keyes in this case, and the present prosecution. It was very clear that from the steps which Dr. Rolph felt warranted to take at the time, by giving information to the magistrates, and drawing up the statement for the medical board, and no prosecution having resulted from these measures, that it was properly considered to be no case for prosecution. That Dr. Keyes having acted to the best of judgment in a case of difficulty, and possessisg the confidence of his patient, it was properly viewed as a case where a prosecution could not be sustained. The matter was wisely allowed to drop, nor would it now or ever have been brought before a jury but for the professional jealousy of a rival physician, who envied the increasing fame and celebrity of his client. It seemed evident, from the concurrent testimony of all the medical witnesses, that Dr. Keyes had acted somewhat rashly and precipitately; he had no wish to deny that, but it was an error in judgment, under very trying circumstances, and ought not to subject him to the severe penalty and degradation which a conviction for the offence imputed must necessarily involve. There was no proof whatever of any malice or wilful negligence. The case as related to him by Dr. Keyes he would state to the jury, who would see how far it was borne out by evidence, and they would then form their own conclusions. Dr. Keyes was in attendance on Mrs. Miller, who being in severe pain and great distress, accompanied with much flooding, and expressing herself in great apprehension of her life, and entreating of him to deliver her, he tried to do so with the forceps, but finding all his efforts ineffectual, he thought it was necessary to deliver the mother at the expense of her child. Being unprovided with the customary instruments, and fearing that delay might be fatal, he requested a pair of scissors, which, after various attempts, he found incompetent for the task; he then consented for counsel, and Dr. Rolph was sent for. The flooding having ceased he desisted from further use of the scissors, and waited the arrival of Dr. Rolph. Before that gentleman came, Mrs. Miller was removed to another bed, which accounts for his having discovered no symptoms of flooding. As the labour had terminated as it had done, it was certainly deeply to be regretted that the steps described were taken, but being only an error of judgment, and evidently acting under a powerful sense of the necessity for immediate action, the defendant could not be viewed as guilty, nor could be justly convicted of any criminal intention or offence. He felt satisfied that the jury would place the most favourable construction on the defendant's conduct, and give him, without hesitation, the benefit of their verdict.

The Hon. W. H. Draper replied in a most able, eloquent, and perspicuous manner. He said that until a few days since he had heard nothing of this matter, but that he considered that Dr. Rolph had acted most properly in giving immediate information of it to the proper authorities, and it was much to be deplored that the matter had not undergone a full and entire investigation at that time. The remembrance of the witnesses would have been much more vivid, and they would have been more competent to have given minuter details and more satisfactory and perfect evidence. It was these reasons operating powerfully on his mind that had induced him to forego a prosecution for infanticide, and confine himself to one strictly of misdemeanour. So that his learned friend had altogether misapprehended him; he did not accuse the defendant of wilfulness or malice in causing the child's death: not one word of any such accusation could be found in the indictment. But he did accuse him of unskilful and unprofessional treatment; that was the offence. The attempted perforation, the actual wounding, and that with the instrument and under the circumstances described, was the offence; the death of the child had nothing to do with it, although he believed it was the consequence. Not one single medical gentleman had justified the treatment, although some had endeavoured to palliate it, and divest it of its harshest colours. How, even had the case of flooding been borne out, on which so much and such great stress had been laid, could such a circumstance have been so effectually concealed? The very circumstance on which an attempted justification of the practice has been sought to be established. The only witness who has spoken of it was Mrs. Stroubridge, who, in her evidence on the part of the prosecution, most distinctly averred that it was not alarming. Let it be remembered that it was on this account the attempt by delivery with the forceps was made, and yet it appeared that it was some time afterwards before the scissors were tried. But the strongest circumstance against the defendant, unquestionably, was, that at and after Dr. Rolph's arrival the defendant did not inform him of any flooding—said nothing of the forceps or the sheers, but merely contented himself with expressing an apprehension that the destruction of the child was inevitable and indispensable; hoping, doubtless, that he would complete, having all his midwifery instruments with him, what the defendant had so rashly and unwarrantably begun. It was far from his wish to press for conviction, but he should not have discharged his duty without pointing out these matters. In the hands of the jury he left the full consideration of the case, trusting most implicitly to their knowledge and discretion; convinced that if there was a doubt the defendant would receive the benefit of it; if not, that the prosecution would be sustained. The learned judge summed up very ably and impartially, merely observing to the jury that although great stress had been laid by several witnesses that the death of the child could not have been the result of the attempted perforation, yet that they must bear in mind that there was no other result to be gained by the perforation but the destruction of the child—that its death was therefore intended if not accomplished. The jury retired, and after being absent some time, returned a verdict of not guilty.

Remarks.—Dr. Collins, the head master of the Dublin Lying-in Hospital, and one of the best authorities of the day, says, "the powers of the constitution fail but seldom in expelling the fœtus, where there is no material defect in the formation of the pelvis." Again, "Generally speaking, so long as the pulse remains good, the bowels and bladder act well, the soft parts remain free from severe pressure, and uterine action continues, so as to cause the descending part to *descend ever so slowly*, the patient having no pain in the abdomen on pressure, or local distress, the child at the same time being alive, as indicated by the stethoscope, I am satisfied no attempt should be made to deliver with instruments, and that he who does so wantonly exposes both mother and child to danger. A prudent use of instruments in the practice of midwifery is of great importance, but the necessity alone of freeing our patient from impending or present danger, should induce us to resort to them." In opposition to the profound Dr. Dickinson, Dr. Collins further states, "In every instance, where practicable, previous to using instruments, it is desirable a second physician should be consulted in order to satisfy both the friends of the patient and ourselves that we are doing what is essential for her safety. Some practitioners never think of taking this precaution, nor do they ever attend a patient *without a forceps in their pocket;* such conduct I look upon as unjustifiable in the extreme, and am happy to think *it is the practice of those only who have little character to lose.*"

Art. III.—ON DISLOCATION OF THE THUMB, WITH REMARKS AND EXPERIMENTS.[1]

BY J. ADAIR LAWRIE,

Professor of Surgery, Andersonian University, Glasgow: Senior Surgeon, Glasgow Royal Infirmary,

I am indebted to Dr. Hunter, Andersonian Professor of Anatomy, for permission to examine and make public the following case:—A female subject was brought into Dr. Hunter's dissecting rooms during the course of last winter, with an unreduced dislocation of the phalanx of the right thumb, on the back part of the metacarpal bone. It was ascertained on enquiry, that the dislocation had existed for three years, and that several unsuccessful attempts had been made to reduce it. The motions had been partially restored and performed without pain. Previous to dissection, the phalanx was seen to be thrown back, with an anterior and posterior prominence. The thumb shortened, the second phalanx not bent on the first, and the articulation between them capable of free flexion and extension. There being no swelling, the nature of the action was obvious.

Dissection—Bones.—The end of the phalanx was thrown on the back and inner part of the metacarpal bone, to the distance of at least an inch. The circumstance of the phalanx being placed on the inner side of the back part of the metacarpal bone is worthy of notice, as I believe it is almost uniformly so situated in this dislocation. The end of the metacarpal bone projected forwards to a distance corresponding with the displacement backwards, free from muscle or ligament.

Ligaments.—The anterior ligament torn from metacarpal bone; the posterior pressed back, but apparently nearly entire. The anterior portion of external lateral torn; the posterior portion stretched, thrown back and across the metacarpal bone; the internal entire. New ligamentous connections had formed between the displaced bones.

Muscles.—Extensors thrown back, and somewhat stretched over the end of the phalanx; of these, however, I cannot speak with certainty, as they were cut before I examined the preparation minutely. Abductor thrown back, and a little stretched. Opponens a little changed. Flexor brevis: on this muscle and the flexor longus the alteration of position was most remarkable. Dr. Hunter thought that the brevis was not torn, but that the end of the Metacarpal bone had passed between its two portions, one of which was on each side of it, grasping it firmly. Further examination induces me to think that the greater part of the outer head was torn, the end of the metacarpal bone having passed through its fibres, and that the inner head was uninjured, having slipped to the inner side of the metacarpal bone. The tendon of the flexor longus lay on the inner side of the metacarpal bone, along with the inner head of the brevis, pressing on the abductor and pushing it back, which last muscle, with this exception, was unchanged.

Nerves.—The first, or external digital nerve, is thrown to the inside of the metacarpal bone, and lies imbedded between the phalanx and metacarpal bone at the points where the former rests on the latter.

Sesamoid bones were not connected with the metacarpal bone. It was found that it would injure the preparation if the dissections were carried so

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[2] London Medical Gazette, Oct. 14, 1837, p. 93.

far as to ascertain if they were placed between the metacarpal and the phalanx, in which situation I have, however, no doubt that they are.

Although there are several points in the above dissection which were new to me, they had rather the effect of unsettling my previous opinion as to the cause of difficulty in reducing this dislocation, than of satisfying me as to what that cause really is. In the hope of further elucidating this point I proceeded to make experiments on the dead body. To detail all these experiments and dissections (and I have made a great many) in the order in which they were made, would be tedious and unnecessary. I prefer arranging them into three classes, according to the amount of dislocation produced, and giving one dissection as an example of each class. The experiments consisted in dislocating the articulations, by grasping the phalanges of the thumb and bending them powerfully backwards; and the dissections in dissecting the parts, and removing one layer of muscular fibres and of ligaments after another, so as to ascertain the true cause of the difficulty of reduction.

I. Partial dislocation.—The external characters are,—anterior and posterior prominences slight; the posterior projects directly backwards. Phalangeal articulation bent like the dog-head of a gun, and cannot be extended; disfiguration considerable.

Dissection.—No muscular fibres torn; abductor and both heads of flexor brevis somewhat stretched and thrown a little back; tendon of flexor longus considerably stretched but not displaced, retaining its natural position on the fore part of the articulation between the two heads of the brevis.

Ligaments.—Anterior partly torn; posterior entire, stretched; external lateral has a few of its anterior filaments torn, its posterior stretched; internal lateral entire, a little thrown back. Articular extremities of bones partially displaced; that of phalanx backwards, and very slightly inwards. Reduction was easily effected; all that was necessary was to extend the articulation between the phalanges; the flexor longus tendon, when brought into a straight line, drew the bones into their place.

Remarks.—I have never seen this dislocation on the living subject. It probably seldom requires surgical treatment, being reduced by the action of the flexor longus or by pressure made by the patient over the articulation. The muscles are too little displaced to oppose much resistance to the reduction.

II. Complete dislocation.—External characters: anterior and posterior prominences well marked; the latter a little to inside. Articulation between phalanges bent, but can easily be extended.

Dissection.—Abductor and adductor nearly as in last experiment. Inner half of external head of flexor brevis torn by the end of the metacarpal bone; remaining part lies on the outside of the bone and thrown back. Internal head lies to the inside of the bone, and somewhat backwards. Tendon of flexor longus thrown from off fore part of articulation to inside of metacarpal bone, and carried considerably backwards, pressing on inner head of brevis and adductor; that part of its sheath connecting it with the articulation, and the end of the metacarpal bone, torn; that connecting it with phalanges entire. Anterior ligament torn, excepting at inner side; posterior entire, stretched; internal lateral entire; anterior part of external lateral slightly torn; posterior part stretched, thrown back, and a little across end of metacarpal bone. Displacement of phalanx backwards does not exceed half an inch. Sesamoid bones remain attached to phalanx. Reduction on dead subject easily effected.

Remarks.—I should not anticipate great difficulty in reducing this dislocation on the living. The causes opposing reduction I conceive to be the following:—

1st. *Muscular contractions.*—The muscles least affected and most easily overcome, are the extensors, abductor, and adductor. The flexor brevis and longus are less easily dealt with; we have seen the metacarpal bone driven through the external head of the brevis, and so situated as to be firmly grasped between its remaining fibres and the internal head, the tendon of the longus on the inside of the articulation dragging the phalanges inwards, and locking them in contact with the metacarpal bone. These, though rather formidable obstacles, are within the control of bleeding, antimonials, and the pulleys.

2d. *Ligaments.*—My experiments lead me to conclude that the lateral ligaments have been reckoned of greatly too much importance in this dislocation. If they are the causes of difficulty, the reduction ought to be nearly as difficult on the dead as on the living, which in this degree of dislocation is by no means the case. It is quite a mistake to suppose that the end of the metacarpal bone is grasped by the lateral ligaments, and cannot escape. The internal lateral ligament is little, if at all, implicated in the matter; the external may result in this way. The phalanx being thrown inwards, the external lateral ligament is dragged with it, and thrown a little across the back of the metacarpal bone, and in attempts to reduce the dislocation, catches on the prominence, on the outer and back part of the same bone. If the phalanx is pulled forwards and bent across the palm of the hand, the resistance will probably be considerable, but never such as to require or justify the operation of cutting the ligament. To overcome the difficulty, use the pulleys, press the bones asunder by pushing the metacarpal bone towards the palm, the phalanx towards the dorsum, extend the thumb towards the points of the fingers, not across the palm; next press the metacarpal bone backwards and inwards, the phalanx forwards and outwards; lastly, smartly bend the joint.

3d. The third cause of resistance is the locking of the prominences on the back part of the metacarpal bone, and the fore part of the phalanx. The manipulations recommended ought to overcome this difficulty.

III. This dislocation is also complete, and differs from the last in the following respects:—The displacement is greater, amounting at least to an inch. The end of the metacarpal bone is driven completely through the inner fibres of the external head of the flexor brevis. The anterior ligament is completely torn from the metacarpal bone, and remains attached to the phalanx and sesamoid bones in such a manner that the torn ligament and sesamoid bones are carried backwards by the phalanx, and placed between it and the metacarpal bone. This state of parts is aggravated and rendered permanent by the contraction of the muscles attached to the sesamoid bones and anterior ligament, which muscles, together with the tendon of the long flexor, only differ from their position as described in last section, in being carried farther back. The result is, that the opening in the ligaments by which the metacarpal bone escaped is thrown back nearly half an inch, and the remains of that ligament and sesamoid bones form a partition between the displaced ends of the bones, which form a mechanical obstacle to the reduction of the dislocation, in some instances I fear insurmountable. This, I am satisfied, is the true cause of the difficulty experienced in replacing the bones in some cases, and of total failure in others. The position of the digital nerve, in Dr. Hunter's preparation, proves that besides the sesamoid bones and ligament, whatever parts are more firmly connected with the phalanx than the metacarpal bone will follow the former backwards, and be wedged between it and the latter. It must further be kept in mind, that, in addition to this mechanical obstacle, we have all the causes of resistance mentioned in the last section.

How are these difficulties to be overcome? I fear, as already hinted, that in many cases the reduction is impossible, without the infliction of an unwarrantable extent of injury on the thumb. I have not yet, in practice, met with an "impossible" case, but whenever the displacement is great,—and I believe the amount of mechanical obstruction will generally correspond with the extent of displacement,—I would recommend the following: Take a door-key, the open part of the handle of which will rather exceed the length of the first phalanx; put the thumb through it, apply the pulleys, give tartar emetic and bleed to faintness; extend the pulleys (in the direction recommended in last section) as far as can be safely done; employ the manipulations already described, assisting the flexion with the key, so used that the curve which lies on the dorsum will press on the nail end of the first phalanx, and the opposite curve on the end of the metacarpal bone. This failing, reverse the key, carry the under curve towards the point of the thumb, place the posterior on the displaced end of the phalanx, and throw the parts into forced extension, relaxing at the same moment the pulleys.

I disapprove of cutting; but if a knife is used, employ one which is narrow but strong; pass it into the joint and between the bones in such a manner as (if possible) to disengage the anterior ligament and sesamoid bones from their unnatural position. This attempt should be made while the pulleys are in operation. As the external lateral ligament is not the cause of the mechanical obstruction, it is cruel to cut it; moreover, it is useless. I have cut it on the dead subject, and failed to replace the bones. Indeed, I believe that those cases in which the external lateral ligament is most extensively torn, are the most difficult to reduce, because in them the displacement is greatest; and in proportion to the extent of displacement the mechanical obstacle is increased.

Glasgow, August, 1837.

P. S.—Since writing the above I have had the great pleasure of being introduced to Sir Astley Cooper, during his short visit to Glasgow. I took the opportunity of asking him what he considered the cause of the difficulty of reducing the dislocation. He at once replied—"The sesamoid bones." I asked him if he had verified this by dissection or experiments; to which Sir Astley answered, "In the great toe but not in the thumb; but I am satisfied that the causes are the same in both." I then mentioned to Sir Astley what I had done on this subject; and I have great satisfaction in being allowed to give his very high authority in confirmation of the opinions given in this paper.

September 26, 1837.

BIBLIOGRAPHICAL NOTICES.

Green on Diseases of the Skin.[1]

This is the latest of the treatises on the diseases of the skin that have appeared, and it is one of the best. The seventh number of the "British and Foreign Medical Review" thus speaks of it in a joint notice of the works of Green and Plumbe:—

"In the observations which we have been induced to make upon the works of Dr. Green and Mr. Plumbe, we have not felt ourselves called upon to enter into an extended analysis of their contents, since both treatises have been already some time before the profession, whilst the consideration of the several subjects in detail would have encroached too much upon our limits. For these we must refer to the works themselves, in which our readers will find them in general judiciously treated. Dr. Green's compendium is decidedly the most complete, and is further valuable as containing the results of his own experience in the treatment of the cases, with the advantage of well regulated baths and purgations."

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[1] A Practical Compendium of the Diseases of the Skin, including a particular consideration of the more frequent and intractable forms of these affections; with cases. By Jonathan Green, M. D., Member of the Royal College of Surgeons in London, Fellow of the Royal Medical and Chirurgical Society, and late Surgeon in the Royal Navy. The second edition, corrected and improved, with two illustrative plates. 8vo, pp. 371. London, 1837.

The work of Dr. Green is put aside for the "Library," in which we intend it shall appear before long.

Graduates of Berkshire Medical Institution.—The first Annual Commencement of this institution, under the act of incorporation of April, 1837, took place in Pittsfield, Mass., on Wednesday, 29th November.

The degree of Doctor of Medicine was conferred upon the following gentlemen:—

W. H. H. Chamberlin, Troy, N. Y.—Functional Connection and Sympathetic Influence.
Madison Fletcher, Dalton.—Diathesis—Sthenic and Asthenic.
Daniel D. T. Graham, Mount Hope, N. Y.—Modifying Circumstances.
John V. Ham, Belleville, U. C.—Acute Peritonitis.
Matthias D. Hawes, Trumansburg, N. Y.—Electricity.
Robert Laird, Freehold, N. J.—Syphilis.
John Leland Miller, South Adams.—Apoplexia Sanguinea.
J. G. Miville de Chene, Quebec, L. C.—The Study of Medicine.
William E. Noble, Pittsfield.—Ulcers.
Thos. Nutting, Warwick, R. I.—Cutaneous Diseases.
Isaac Palmer, Boston.—Caries of the Teeth.
William H. Rhodes, Berlin, N. Y.—Peritonitis.
William Stockbridge, North Yarmouth, Me.—Baths.
James C. Stuart, Syracuse, N. Y.—Dysentery.
Leander Sutherland, Windham, N. Y.—Animal Heat.
James H. Torrey, Chesterfield.—Acute Hepatitis.
Nathaniel G. Trow, Hinsdale.—Tobacco.
E. Gustavus Tucker, Boston.—Dental Surgery.
A. C. Whitman, Cranston, R. I.—Purpura Hemorrhagica.
Reuben M. Woodruff, New Orleans, La.—Inflammation.
Benj. S. Woodworth, Rome, N. Y.—Auscultation.

The Honorary Degree of Doctor of Medicine was conferred upon the following gentlemen:—

Samuel B. Barlow, Florida, Orange County, N. Y.
James W. Smith, Rochester, N. Y.
Nathaniel Smith, Bennington, Vt.

At a meeting of the trustees of the Institution, held on the 29th August, 1837, the Degree of Doctor of Medicine was conferred upon the following gentlemen:—

Alex. H. Hull, Berlin, N. Y.—Cynanche Trachealis.
Moses Barrett, Charlemont.—Cephalalgia.
William O. Barclay, Eatontown, N. J.—Cholera.
Dana D. Davis, Warner, N. H.—Typhus Fever.
Daniel H. Dickinson, Boston.—Acute Peritonitis.
Lorenzo Gill, New Lebanon, N. Y.—Apocynum Canabinum.
C. S. Magoun, Woodville, Miss.—Congestive Fever.
Nehemiah Taplin, jr., Corinth, Vt.—Aneurism.

The Honorary Degree was at the same time conferred upon

Gilman Kimball, Lowell,
Philander H. Thomas, Hancock, and
Robert Watts, jr., Pittsfield.

Cutaneous Eruption caused by Copaiba.—Since we penned the remarks on this subject in the last Intelligencer,[1] we have seen another case of urticaria conferta caused by Copaiba, which, on superficial examination, might readily have been pronounced a case of scarlatina. There was accompanying sore throat, and violent delirium. The eruption on the face was worthy of the name of scarlatina urticata, which has been given to the affection by some; but the elevated tubercular character sufficiently distinguished it from real scarlatina. On the body, the eruption was discrete and not to be mistaken. The affection, which was attended throughout by but little pyrexia, subsided speedily under the use of gentle cathartics—rhubarb and magnesia.

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[1] For December 15, 1837, p. 343.

NECROLOGY.

Dr. Philip Syng Physick.—This distinguished individual, who has been justly designated "the father of American surgery," died in this city on the 15th of November, in his seventieth year.

On the announcement of his decease, the faculty, trustees, and students of the University of Pennsylvania, of which he had long been an eminent professor; the faculty and students of Jefferson Medical College; and the Philadelphia Medical Society,—entered into appropriate resolutions in testimony of their sense of his professional eminence and exalted worth.

His funeral, which took place on the 21st ult., was attended by the trustees and faculty of the University of Pennsylvania, the faculty of Jefferson Medical College, the American Philosophical Society, the Philadelphia Medical Society, the members of the reform convention in session in the city, and by the students of both the medical schools, who assembled in numbers to testify their respect for one whose name must ever be inseparably associated with the progress of medical and surgical science in this country.

We hope ere long to be able to place a short necrological notice of the illustrious deceased before our readers. Professor Chapman has been requested by the students of the university to deliver a public discourse on his life and character, and he has accepted the appointment. No one, it need scarcely be said, possesses greater qualifications for the task.

BOOKS RECEIVED.

From the Author.—Introductory Lecture to the Course of the Institutes of Medicine, delivered in the University of Pennsylvania, Nov. 6, 1837. By Samuel Jackson, M. D. 8vo, pp. 30. Philadelphia, 1837.

From the Author.—Introductory Lecture delivered in the Chemical Hall of the University of Maryland, Oct. 31st, 1837. By William R. Fisher, M. D., Professor of Chemistry and Pharmacy, Graduate and Associate Member of the Philadelphia College of Pharmacy. (From the American Journal of Pharmacy.) 8vo, pp. 24. Philadelphia, 1837.

From the Author.—An Inaugural Discourse on the Value of Time and the Importance of Study to the Physician. By James Conquest Cross, M. D., Professor of Institutes of Medicine and Medical Jurisprudence in the Medical Department of Transylvania University, &c. &c., 8vo, pp. 34. Lexington, Ky., 1837.

From the Author.—A Discourse delivered at the Opening of the Medical Institution of Geneva College, State of New York, Feb. 10, 1837. (With a motto.) By Edward Cutbush, M. D., Professor of Chemistry. 8vo, pp. 24.

[Dr. Cutbush will be pleased to accept our thanks for the reasons which urged him to send us a copy of his appropriate discourse, as well as for the discourse itself.]

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. **January 15, 1838.** **No. 20.**

Art. I.—ANTIPHLOGISTIC PROPERTIES OF MERCURIAL INUNCTION.

The reputed antiphlogistic properties of mercurial inunction, or of what the French writers term "the abortive treatment of inflammation by mercury," are doubtless well known to most of our readers. The practice has often been adopted in this country—by ourselves frequently in erysipelas—with varying success. That much, if any, effect is exerted by the mercury may well admit of question; and perhaps the fatty matters act mainly by preserving the parts soft, and preventing the dessicative influence of the air, which we know to be so injurious, especially in the variety of erysipelatous inflammations constituting burns and scalds.

In a late French medical periodical[1] we find the following report of a discussion on this subject before the Académie Royale de Médecine of Paris. It will be observed that the practice has been extended to cases of phlegmonous inflammation.

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M. Guéneau, of Massy, charged with making a verbal report upon a memoir of M. Serre, entered into some considerations. The following are the principal parts of his analytical exposition:—

Reserved exclusively for syphilitic disease, mercury was strictly forbidden in the treatment of the phlegmasiæ.

The inhibition, indeed, went so far, that it extended even to cases of infection, if there was ever so little irritation.

In the course of a few years therapeutics singularly extended the indications for mercury. After having proved its utility against diseases called virulent, such as tetter, variola, vaccina, etc., it was extolled in certain inflammations, among others in iritis, peritonitis, etc., and was given as one of the most powerful antiphlogistics.

At length M. Serre of Uzès, added his authority to those of Hunter, Delpech, and Velpeau, and proposed mercury in erysipelas, phlegmon, phlebitis, anthrax, malignant pustule, and generally in all external inflammations, whether spontaneous or traumatic. His experiments were commenced in 1825; eleven years have consequently elapsed, and the result has not varied. Mercury produces in the phlegmasia effects as happy as they are prompt; and they are so prompt that they do not permit the disease to advance. In twenty-four, or forty-eight hours, the inflammation is arrested. Blood-letting, when it succeeds, does not act more promptly. When the disease has not yielded at the end of this time, there has been every reason to believe that other means would not have succeeded better, and we may expect suppuration or some other destructive termination. So that, to use the expressions of that author, mercury becomes a precious touch-stone to the practitioner, anxious to know, at the commencement, whether any phlegmasia will resolve it, or if it will inevitably pursue its course to disorganisation; data most useful, inasmuch as they may prevent the fatal consequences of those vast suppurations which jeopard so often the life of the patients.

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[1] Bulletin Générale de Thérapeutique, Juin 30, 1837.

The simple and the double mercurial ointment have been employed almost indifferently, although there is a great difference between them. The first is uncertain; it is not of that we speak. The second, the double mercurial ointment, is the only one which possesses the qualities we ascribe to the mercurial ointment, and the only one, consequently, which justifies the reputation we are endeavouring to make for it. It ought to be of a deep grey colour and well charged with mercury. If when rubbed upon the hand it presents a dull aspect, it is good; it is not so when it has a brilliant appearance. In summer it may be rendered less soft by adding lard to it. In winter it ought not to be touched.

The quantity must be proportioned to the intensity of the inflammation; that is to say, the more serious the inflammation, the more mercury must be used, and reciprocally. This, it will be observed, is the reverse of what is commonly done. In all cases the diseased parts and the parts beyond them, are covered at first with mercurial ointment; and gentle frictions with the hand are used for eight or ten minutes, unless, indeed, the pain should render this insupportable to the patient. Except in this case it is very useful to favour the absorption of the mercury. This done, the part is covered with a dry cloth, and the frictions are renewed every two hours, and even oftener, if the surface is of small extent; for then salivation is by no means to be feared.

Besides this accident, which is made a bug-bear, is excessively rare. M. Serre has never seen it in his patients. May it not be with mercury in a large dose as with emetic tartar in a large dose? However this may be, M. Serre is convinced that the antiphlogistic effect of mercury invariably precedes salivation.

In a tour which he has just made to Paris, M. Serre easily obtained, through the politeness of M. Lisfranc, facility for employing mercurial frictions upon some patients at La Pitié; and at Paris, as at Uzès and at Alais, where the author now practises medicine, his method has obtained the most happy results.

The reporter terminated by signalising the extensive therapeutical bearings of the method of M. Serre, and by expressing a desire that fresh experiments might be tried by practitioners on a subject so important.

The wish expressed by M. Guéneau de Mussy, has been already partly fulfilled; experiments sufficiently multiplied have just been made by M. Lisfranc, at his surgical *clinique*, in the Hospital La Pitié. It results from these experiments, says M. Lisfranc, that when administered according to the formula of M. Serre, the mercurial ointment most commonly fulfils the end proposed; but in the climate which we inhabit, it sometimes brings on salivation. It is principally, he adds, in the deep and intense phlegmasiæ of the subcutaneous tissues, that the abundant application of mercurial ointment succeeds, especially when the precaution is taken of extending it two or three lines beyond the limits of the disease. He cites striking cases of cure obtained by this medicine. But it failed most commonly in the slight and superficial phlogoses—as erysipelas. Pure axunge succeeds best in these cases. Moreover, he adds, if, before M. Serre, the mercurial ointment had been advised in America or England against erysipelas, it must be acknowledged that no practitioner before him had prescribed it in quantities so large, nor established a true formula as he has done. We should be deceived were we to judge altogether of the efficacy of this method by its results in erysipelas; in phlegmon, whitlow, and in the deep-seated but external phlogoses, the remedy offers a most precious resource.

M. Velpeau has tried mercurial ointment in the treatment of inflammation, and principally in erysipelas; he found that in superficial inflammations, the mercurial ointment had no great advantage over lard; but it was otherwise in deep-seated inflammations; it is incontestible that in these cases, mercury produced effects which may be expected in vain from lard; it is one of the best resolvents we can have; he has seen ptyalism sometimes supervene, but not before the third or fourth day; he has been less successful than M. Serre, but he admits that he has not followed his formula.

M. Blandin has employed the mercurial ointment in many cases of traumatic erysipelas; he is far from approving the practice, which has been disastrous in his hands. This has not been the case with phlegmonous inflammations, in which he highly extols the method of M. Serre; he has had many cases of palmar whitlow, extensive and serious, and of metro-peritonitis supervening on amputation of the neck of the uterus, in which this medication has succeeded contrary to all expectation.

"Many eminent surgeons," says the writer in the *Bulletin*, "have consequently adopted, at the Hotel-Dieu, at La Charité, and at La Pitié, the practice of mercurial inunctions in phlegmonous inflammations, and they acknowledge in the method of M. Serre a marked superiority over other means employed in such cases."

Art. II.—USE OF THE AIR-PUMP IN DISEASE.

In a late number of the "Intelligencer,"[1] in giving an account of the proceedings of the Medical Department of the British Association at Liverpool, we stated, that Sir James Murray exhibited a machine for forming a kind of bath *in vacuo*, by which means the surface of the body, even when cold and collapsed, soon becomes warm and turgid; and that it admitted of being used locally—as to a paralysed arm, &c. We have before us some observations on the agency of the air-pump, read before the British Association, by the same gentleman in 1835.[2] Sir James lays the claim of having employed the remedy since 1812. In the use of the air-pump vapour-bath he seems, however, to have been anticipated. Our friend Dr. Mease has been so good as to place before us a description, with a plate, of an "air-pump vapour-bath, an efficacious remedy in gout, rheumatism, contractions and enlargements of joints, palsy, cutaneous, and almost all chronic diseases," which was introduced into this country a great many years ago, by a person of the name of Hebert, and was found useful in several morbid conditions.

The *modus operandi* of diminished pressure is sufficiently evident; but in many cases we doubt not that the main efficacy is excitant or revellent, by virtue of the modified condition of the nervous system consequent on such altered pressure.

Art. III.—MEDICAL TOPOGRAPHY—No. 9.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 334.)

Affections of the Spleen.

In no country, for its population, is a greater number of disorders of the spleen met with than in that of the Arkansas. In the neighbourhood of Fort Gibson and at the post I believe *one* in *eight* of the older residents suffer from enlargements of this viscus. I have seen cases in infants of a few months old, evidently engendered by the influence of climate—in two cases, developed so early after birth, however, as to lead to the supposition of congenital acquirement. Many of these cases of enlargements of the spleen have been unpreceded by attacks of fever; and such have generally resisted *all* the plans of treatment which the present state of our medical knowledge affords. It would seem that enlargements of this character are produced by what has been denominated the *secret influence* of malaria—expending its force silently upon a single viscus of the animal economy, in a manner at present altogether mysterious. The permeability of animal tissues to gaseous fluids, so clearly established, first by our countryman, Dr. J. K. Mitchell, and subsequently verified by the physiological experimentalists of Europe, leave us no longer in doubt as to the manner in which malaria enters the system; but why it should expend its force first mainly, if not wholly, upon organs intimately connected with the portal circulation, is as yet unaccountable. We must not, however, despair of arriving at just conclusions on this subject, in an age when physiological science and pathological anatomy are cultivated with so much zeal in the new as well as in the old world.

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[1] For December 1st, p. 316.

[2] Observations on the Medical and Surgical Agency of the Air-pump, read before the British Association, in 1835. By Sir James Murray, M. D., T. C. D., &c. &c.

In the cases of disorders of the spleen that have fallen under my notice, I have observed among them some of merely deranged nervous function, others the products of active and chronic inflammation; but the greater number have been cases of pure sanguineous engorgement, resulting from remittent or intermittent fevers.

I have not space to enter into a full description of the pathological condition of the spleen induced by a protracted residence in a malarious district, repeated attacks of miasmatic fevers, or that usually found in cases of congestive typhus. But I may remark, that as far as my observation extends, an ill or untreated *splenitis* results often in an induration of the viscus from the deposition of coagulable lymph from its proper *nutrient vessels* taking on inflammatory action.[1] That attacks of miasmatic fevers, particularly of the intermittent type, often induce an afflux of blood to the spleen through its *afferential vessels* (invited to it by a morbid condition of its nerves), distending its multilocular substance; and this frequently repeated causes enlargement of its cells, enabling them to hold an abnormal quantity of blood. That a continued residence in a malarious district, unattended with fever, is productive of an enhanced growth of the proper structure of this viscus. That, in congestive fevers, these enlargements are chronic and precede the fever; and when a fatal termination ensues, it is anticipated by the death of the spleen—which in such cases is found softened, of nearly a semi-fluid consistence, all within its *tunica propria* being morbidly grumous blood.[2] Furthermore, that *indurations* of the spleen are more often followed by dropsical effusions than simple engorgements: that these indurations are not often the results of fever but of idiopathical inflammations, produced in most instances by the influence of malaria; and that the *ascitis* which follows is the effect of an extension of the inflammatory action to the abdominal serous surfaces. That engorgements, by the mechanical resistance which they present to the free return of blood from the lower abdominal viscera and from the extremities, predispose to dropsical effusions; and besides, during the progress of a fever are likely to take on morbid action, ending in destruction of parts essential to life, and thus producing death. That by the slowness and imperfectness of the circulation of the blood through a morbidly enlarged mass, a vitiation of that fluid is induced—the

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[1] I have seen the viscus in such cases of a gristly appearance and firmness, with total destruction of its natural cellular structure.

[2] The spleen of private Mulvahill, Co. C, 2d U. S. artillery, dead of congestive typhus, at Fort Jackson, Louisiana, in the winter of 1834–35, was of this character; but more remarkable for its enormous dimensions—occupying, as it did, more than half the abdomen, and extending downwards into the pelvis. It was thirteen inches in its greater length by eight inches in its smaller breadth, and in some places four inches in thickness.

taint of which extends throughout the whole sanguiferous system, producing a *cachectic* habit, the most common result of enlarged or engorged spleen.[1]

I believe that enlargements of the spleen, the effects of inflammatory action, may be distinguished from those consequent upon mere sanguineous engorgement, as well as from those, the productions of the silent influence of malaria. Enlargements produced by inflammation are generally hard to the touch, and usually *always* more or less painful, but seldom surpass their acquired bounds during a paroxysm of ague, yet become more acutely sensible during its progress to a fever. To the touch they at all times present the feel of *induration:* though sometimes only in spots—particularly in the inferior and left lateral portions—whilst the right is often free from any appreciable lesion. Simple sanguineous engorgements have a soft, spongy, elastic feel, during the absence of febrile excitement—whilst during the progress of an ague they impress us with the sense of *distension* and not of hardness. Enlargements consequent upon the silent influence of malaria, generally present a *doughy* feel, the consequence of a hypertrophied growth; and give us the sense of distension, if the patient be labouring under febrile excitement.

Treatment.—In active inflammations of the spleen, depletion by blood-letting, general and local, is imperiously demanded; the physician must be careful, however, not to mistake the pain of distension from engorgement for that of inflammation. The viscus in a state of active inflammation is acutely sensible to percussion, and but slightly so, and often not at all, in simple engorgement. Abstractions of blood in simple engorgements of the spleen I deem hurtful, as they only tend further to debilitate the viscus in common with the general system, upon which the pathological state mainly in such cases depends. In active inflammations of the spleen I have drawn at once as much blood by venesection as the patient could bear without syncope, and in a short time after have scarified and cupped, or what is preferable, applied leeches freely over the splenic region—following either by warm emollient cataplasms—gave a mild mercurial purgative, and aided its operations by laxative enemata—enjoined the free use of mucilaginous drinks and absolute diet—calmed the gastric irritability so usually present by cool acidulated draughts taken in small quantities, or by ice-water, or rolling ice in the mouth, and swallowing morsels occasionally. Where the disease threatened to become chronic we applied blisters successively, and kept them running with irritating unguents. Where hardness remained after inflammatory action had subsided, we prescribed frictions of camphorated mercurial ointment—the application of a flannel roller and the nitro-muriatic foot-bath and frequent warm bathing.

Chronic *indurations* of the spleen, consequent upon inflammation, have, in my hands, resisted *all* the plans of treatment devised for their cure by "the masters of the healing art." The various preparations of *mercury* and *iodine*—given internally, worn as plasters, or used by friction—have been alike unsuccessful. Temporary relief has alone been obtained by cupping or leeching, low diet, change of residence, mineral water bathings, keeping the bowels free by enemata, and wearing an emplast. ri. abiet. c. tart. ant. et potass. over the left hypochondrium.

Those *enlargements* produced by the silent and almost unheeded action of miasmata, resist, in a great number of cases, as we have already noticed, the usual plans of treatment laid down in authorities for their cure. Fortunately these kinds of *growth* are more inconvenient than presently dangerous; yet the enjoyment of a perfect state of health is incompatible with their existence; and the danger of a fever taking on a congestive form in a person thus affected is great. All that can be done in these cases is to guard the individual against the further influence of the producing cause upon which the enlargement depends. Comparative health may be enjoyed in a healthy dry atmosphere,—by the observance of a hygienic course of living, by improving the condition of the exhalent system through general bathing and the use of the flesh-brush, by keeping the bowels free by occasional enemata—by strengthening the system by the exhibition of mineral tonics, particularly the ferruginous preparations, and the frequent use of the cold dash.

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[1] *Cancrum oris* is a very common affection in the Arkansas country; often whole families are attacked with it. It there depends, in most cases, upon a cachectical or scorbutical state of the economy—the result of a vitiation of the blood, attendant upon a sluggish circulation through an enlarged spleen, or produced by the long continued operation of miasmatic poison, with the use of unwholesome food.

Hæmatemesis, hæmorrhoids, bloody and sero-mucous alvine discharges, chronic dysentery, lientery, and varicosis, are very commonly met with in those labouring under spleen disorder—especially in such cases of enlargement as present impediment to a free return of blood from the bowels and lower extremities.

Simple engorgements of the spleen attendant upon intermittent fevers, if recently acquired, are capable of reduction; and often disappear shortly after a change of residence out of an inquinated atmosphere, even without any medical treatment, by the mere observance of a hygienic course of living. Not so, however, with chronic cases of long standing; these require in addition the use of such medicines as are calculated to diminish the quantity of blood, and at the same time improve the general condition of the system. Of this kind are "Twining's Spleen Mixture,"[1] and the muriate of ammonia and the muriated tincture of iron combined, or the tinctura ferri ammoniati. It is this condition of the spleen that often yields to the treatment of the experienced medical practitioner, whilst the others often remain the *opprobria* of our art.

We have found benefit in enlargements of the spleen resulting from attacks of fever as well as in those produced by the silent influence of malaria—by the pursuit of a gentle mercurial course[2] alternated with the use of decoctions of sarsaparilla and dandelion combined, a wine-glassful three or four times a day. At the same time using frictions with the flesh-brush, and wearing flannel next the skin, and making compression to the abdomen by means of a flannel roller, nitro-muriatic pediluvia, and general warm bathing.

In cases of spleen disorder, complicated with general cachexy or scorbutis —especially if cancrum oris be present—*mercury* in any form or exhibited in any manner, produces frightful effects and often fatal consequences. Many of the United States dragoons, on their return to Fort Gibson, in 1834, from General Leavenworth's expedition in the Washita country, where they had subsisted in the most wretched manner, became, as I am informed, cachectic and completely worn down. These were seized with a congestive form of fever on their homeward route—which became aggravated on their arrival at Fort Gibson—and *there*, without scarcely the common offices of humanity, they perished by scores. I am informed that in the treatment of their cases *calomel* was used almost *ad libitum*. In consequence, *gangænopsis* of the mouth and jaws ensued; and many before death were loathsome and insupportable burdens to their attendants. Of the *few* that recovered some remain deformed monuments of medical error.

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[1] R. Pulv. jalapæ, rhei, columbæ, zingiberis, potass. super-tartratis, aa. ℥ i.
Ferri sulphatis, gr. x.
Tinct. sennæ, ℥ iv.
Aquæ menth. sativæ, ℥ x.
Misce. Dose, ℥ iss twice daily to an adult.

[2] R. Mass. ex hydrarg. ʒ i.
Ext. taraxac., ʒ iv.
M. et ft. mass. in pil. xl. divid. Dose,—two, morning and evening.

Art. IV.—CHOLERA IN LONDON.

Our London Medical Journals to the fourth ultimo left but little doubt that the cholera existed—but, apparently, not as an epidemic—in London. The London Medical Gazette (Nov. 4, p. 220), and the Lancet (Nov. 4, p. 207), have no doubt of the fact; but the London Medical and Surgical Journal (Nov. 4, p. 109), denounces the whole rumour as an emanation from alarmist cholera hunters. The Lancet asserts, "We have made it our business to visit the Limehouse district; we have seen four of the surgeons by whom the report (as to the existence of cholera there) has been signed, and these gentleman, all of whom have had extensive experience of Asiatic cholera, have assured us that not the slightest doubt can be entertained of the identity of the disease at Limehouse with the epidemic of 1832."

The following remarks are from a contemporary of the Lancet:[1]

"Considerable alarm was excited some days ago by the reported appearance of cholera at the eastern extremity of the metropolis. The fact is that well marked cases of the disease have lately occurred on board the Dreadnought, and in some other situations, but without showing any decided tendency to assume an epidemic character. Now in this there is nothing beyond what has been witnessed every autumn since the first irruption of the disease in England—the cases, however, having progressively become more rare. Three months ago we saw a well-marked case of cholera at the west end of the town, but it evinced no disposition to spread. Lately a similar case occurred at St. Bartholomew's Hospital, when the only circumstance which lead to any doubt of its being cholera was that the patient recovered.

"Should the disease become epidemic (of which, however, there is at present no indication), we hope that our professional brethren will give a fair trial to the plan of administering sugar of lead with minute portions of opium, so strongly recommended by Dr. Graves in a late number of this journal."

Since the above paragraph was written we have received the periodicals referred to, up to the 25th of November. They make no farther mention of the cholera, so that all idea of its being epidemic in that city may be banished.

Art. V.—SUPERNUMERARY MAMMA IN A MAN.

M. Pétrequin[2] has related the case of a man who had three mammæ, two of which were on the left side, one situated immediately beneath the other. Neither of his parents had the same peculiarity. He married and had five children, three of whom were boys and two girls. The three boys had three mammæ like the father; with this difference, that the supplementary breast was on the right side. The two danghters were also *trimammary*, but in them the supernumerary mamma was on the right side as in the father's case. One of these had six children, in none of whom did the anomaly exist. The other had four children, equally well formed. She never suckled her infants; but after her confinement milk issued in abundance from the left side.

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[1] London Medical Gazette, Nov. 4, 1837, p. 220.

[2] Gazette Médicale, No. 13, April 1, 1837.

The case, as M. Pétrequin observes, is worthy of remark, owing to the hereditary transmission of the anomaly in the father to his five children, as well as to the sudden absence of transmission from the daughters to their ten children, and to the uniformity in the number of the mammæ notwithstanding the difference of their seat.

It happens, fortunately, that these and other cases of monstrosity do not bear *dilution*, if we may be permitted the expression. When the anomaly exists in the parent, the admixture of the materials furnished by both parents is often insufficient to destroy the tendency to the same anomaly in the products of their union; but the tendency is largely diminished in the children; so that the monstrosity is less likely to occur in the grand children. Were it otherwise we should be doomed to perpetual variations in conformation, so that in the lapse of ages we might retain in few respects our quondam form.

ART. VI.—TIEDEMANN ON THE BRAIN OF THE NEGRO.[1]

The following conclusions, the result of careful observation, are those of an experienced anatomist, physiologist, and naturalist. They differ somewhat from the notions that have been generally entertained on the subject.

That the brain of the ourang-outang and ape differs from that of man,

1st. In being less, lighter, shorter, narrower, and lower.

2d. Comparing the size of the nerves, which are smaller than those of man.

3d. The hemispheres of the brain, relatively to the medulla spinalis, cerebellum, corpora quadrigemina, optic thalami, are smaller than in man.

4th. The encephalic furrows and convolutions are neither so numerous, nor so deep, as in the human species.

5th. The only resemblance which exists between the brain of the negro and that of the ourang-outang, consists in the furrows and convolutions; which are more symmetrical than in that of the European.

M. Tiedemann has deduced from these investigations the following conclusions:—

A. That the brain of the negro is, in its totality, as large as that of the European and of the other human races: the weight of the brain, its dimension, and the capacity of the bony case, demonstrate this fact.

B. The nerves of the negro, relative to the size of his brain, are neither thicker nor larger than those of Europeans, as Sömmering and his disciples have advanced.

C. The external surface of the medulla spinalis and oblongata, and of the brain and cerebellum of the negro does not present any remarkable difference from that of the natives of Europe.

D. Neither the internal structure, the distribution of the cortical and medullary substance, nor the internal organisation of the negro, offers any difference from that of the European.

E. The brain of the negro no more resembles that of the ourang-outang than the latter that of man, if we except a little more symmetrical distribution of the encephalic convolutions and furrows, although it is not quite certain that they are always the same.

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[1] La Lancette Française, No. 81, Juillet 11, 1837.

BIBLIOGRAPHICAL NOTICES.

Professor Jackson's Introductory Lecture.[1]

Of the qualifications of the distinguished author of this lecture as a medical teacher, the profession are all well informed; nor will this introductory detract from his reputation. It is full of interesting speculation, and must evidently have involved deep thought. It might, indeed, be objected to it, in regard to the occasion on which it was delivered, that it must have been too profoundly doctrinal for the younger portion of the auditory. This objection will not apply to our readers, and we shall therefore give—in the author's own words—his general views of the origin of pathological phenomena. After many introductory observations—which exhibit that he is fully aware of the labours of the philosophical anatomists of modern times, relating to the laws of organic development, the filiation of organs, &c.,—Professor Jackson thus proceeds:—

"Pathological phenomena are not accidents, arbitrary, unsettled, indefinite in character and occurrence. They possess a positive character, have invariable forms. They are susceptible of a natural arrangement in orders, classes, and genera. Wherever there is order, a regular succession of phenomena or events, there must be a predominant and ruling law, or general principle. In investigating the production of pathological phenomena, we are then to look for this law. But where can it be found except in the law of organic formation—a fundamental law of all vital phenomena. This law is susceptible of deviation from its natural order. The production of monstrosities, the transformation of tissues, the alterations of organs, and the formation of anomalous products, establish the fact.

"In acute diseases pathologists have recognised two orders of phenomena or symptoms—the one general, the other local. They often exist concurrently; they are frequently connected; they are seen at times separated. There is not, then, an absolute, a necessary connection between them. This question of connection between the general and local symptoms has divided pathologists. A too limited and exclusive view of the facts has been the origin of the discussion.

"The general phenomena or symptoms termed fever, present a regular succession or series of events or phenomena. Examined accurately, they appear to follow in their progression precisely the law of development—the succession of organs, and progressive movements of vitality.

"The morbific impressions or morbid phenomena are first manifested in the surfaces—horripilation, cutis anserina, pallidness, drying up of issues and ulcers for the cutaneous surface—loss of appetite, nausea, pasty mouth, constipation, or diarrhœa, for the alimentary. They next are displayed in the spine, at the lumbar region, generally, the first nervous centre that appears in the embryon. Hence the pain in the back, the neuralgic pains of the extremities, the muscular disorder, vertigo, confusion of senses, and headache. The next link in the chain exhibits the transmission into the vascular apparatus, excitement of the heart, reaction, increased heat, rapid and forcible circulation. The last series in the chain is fulness or turgescence of the secretory apparatus, ending in an evacuatory elimination from some emunctory, as by sweat, by urine, by expectoration, by vomiting, by stool, or by the eruption of exanthems.

"The series of events that constitute fever, occupy in production and duration periods varying from a few hours or some days to several weeks.

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[1] Introductory Lecture to the Course of the Institutes of Medicine, delivered in the University of Pennsylvania, Nov. 6, 1837. By Samuel Jackson, M. D. 8vo. pp. 30. Philadelphia, 1837.

"When the series is completed within twenty-four hours, it is called a paroxysm. When it is continued some days or weeks it is regarded as continued fever. If the paroxysm does not recur, the fever is called an ephemera; but, if repeated at intervals, it constitutes a paroxysmal or intermittent fever.

"The nervous centres, from the intensity, specific nature of the morbific cause, or other circumstances, appear in some forms of disease too enfeebled to produce decided vascular reaction, or to excite the secerning apparatus. They cannot relieve themselves by a complete transmission from the morbid oppression under which they labour. There is then fever with want of power—adynamia—fevers of the typhoid type.

"Again, some of the nervous centres are completely paralysed, and the functions of the organs they preside over and regulate are either suppressed or exist in the greatest disorder. The regular progression of the febrile series, and the natural termination of the febrile movement, are impossible. This is ataxia or malignant form of disease, typhus gravior—and what is inappropriately termed congestive fever.

"The general pathological phenomena, or fever, are seen to consist in a progression of actions proceeding in the path of the normal movements of the organism, under the guidance of the law of development; and it is no forced analogy, but a following out of a direct succession of facts or events that leads to the induction, that the same law, modified by morbific causes, presides over the general pathological as well as the natural phenomena.

"When it happens, as it does in many instances, that the morbid impression transmitted to the nervous centres is retained by them; that they are not thrown off into the vascular and secretory organs, febrile symptoms are never induced, disorders of various nervous functions ensue, and we have the class of affections designated by nosologists as the neuroses. The excitement of fever or the provoking of the secretions are the best methods for the cure of the neuroses. The fact was familiar to the highest authority for correct observation—Hippocrates—who has embodied it in an aphorism —*febris solvit spasma.*

"The second order of pathological phenomena are local. They are manifested by local signs. They are congestion, eruptions, inflammation, ulceration, suppuration, thickening, thinning, hardening, softening, transformations and degenerations of structure, or varied modifications of secreted fluids. Local diseases may be confined to a single organ, to a part of an organ, or even to a single tissue or element of an organ. Local diseases or pathological phenomena involve alterations of structure, of organisation or secretion. They must then necessarily come under the law of nutrition or individual reproduction, and consist in aberrations either of a common or specific nature, of the organic, nutritive, or formative actions.

"Local disease is often incapable of awakening general disease. The febrile apparatus remains undisturbed. No fever then accompanies the local affection. Local diseases of sufficient intensity may, however, call this apparatus into operation, and then fever will attend on the local disease. Or, the cause exciting the local disease may, at the same time, produce the general pathological phenomena, which are then concurrent with the local disorder, without a necessary connection between them. The febrile phenomena may then subside, yet the local phenomena persist in their original or even greater intensity. The acute exanthemata or eruptive fevers, produced by specific contagions, furnish examples. The fever of small-pox subsides, while the eruption of pustules continues, and the pustules themselves advance to maturation. Or, the local disease may result, as a consequence, on the general pathological phenomena or fever, from the force or intensity of the transmitted reaction, or its failure to awaken some especial secretion.

"Various modifying circumstances, which cannot now be discussed, combine to impart peculiar features to particular forms of disease, and impress them with an especial character, or complicate them with accidental phenomena. These circumstances may be entirely independent of the general or local pathological phenomena. They nevertheless influence and modify them in an important manner. Such are the conditions of the blood, an essential element in all vital actions; the specific nature of the morbific influences, exerting specific powers over the vital reactions of the whole economy or of particular organs, as contagions, and other animal, malarial, or other poisons. Such, also, are the peculiar temperament, the constitution, the habits of life, and profession often of the individual."

In regard to the above views, we may observe that Professor Jackson appears to us to have attended too exclusively, perhaps, to the laws of regular organic development, and to have neglected the perversion of those actions so generally, if not universally, concerned in what have been well termed "pathological aberrations;" and again, that he may—in his speculations—have regarded the nervous centres too much as a whole. In the diseased actions which he has described, we have often been struck with the difference in the pathological phenomena, according as one or other of the great nervous systems—cerebro-spinal or organic—has been mainly impressed. In a state of health, we have a nice balance existing between the two systems; and if this balance be destroyed by any cause, so that erethism shall exist in the one, we may find the other correspondingly depressed. It has seemed to us, that this is often the case in scarlatina. Under the highly excited condition of the organic nervous system in that disease—as indicated by the surprising activity of the organs of calorification—the cerebro-spinal nervous energy has appeared to be diminished; and relief has been often obtained by excitants that are adapted to arouse this portion of the nervous system to a greater degree of activity, and which thus detract from the erethism existing in the organic nerves.[1] There can be no question—we think—that the organic nervous system is chiefly concerned in the production of fever. On the other hand, the cerebro-spinal nervous system may be in a state of erethism; and yet the organic nervous system, instead of being proportionately excited so as to occasion fever, may have its activity correspondingly diminished. Hence, we can understand that the various neuroses are affections of the cerebro-spinal system, and are not accompanied by fever, unless the organic nervous system participates in the excitement.

The whole of Professor Jackson's able lecture is replete with materials for thinking.

The Medical Examiner, No. 1, *January* 3, 1838.

In our last number but one,[2] we announced this new periodical, edited by Drs. J. B. Biddle and M. Clymer, of this city.

The first number is now before us. It contains, amongst other matters, a lecture by Dr. Thomas Harris on Wounded Nerves; one on Cynanche Laryngea Chronica, by Prof. Chapman; a case of Severe Inflammation of the Stomach and Intestines produced by Pork, by Dr. W. Pepper; Reports of Clinical Lectures, &c., at the Philadelphia Hospital and the Pennsylvania Hospital, with bibliographical notices, editorial comments, and domestic and foreign summaries.

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[1] See the editor's "General Therapeutics," p. 404.

[2] For Dec. 15, 1837, p. 343.

The plan of reporting lectures—approved and corrected by their authors—is novel in this country, although it has prevailed to a considerable extent abroad. It will constitute an interesting portion of the journal. The first number impresses us favourably. Our readers can judge for themselves as to the bill of fare. We can affirm that the articles are well prepared, and we hope that the subsequent courses may be as much to our taste.

The "Examiner" deserves encouragement.

Professor Fisher's Introductory Lecture.[1]

On the occasion of the appointment of Dr. Fisher as Professor of Chemistry in the University of Maryland, in the place of Prof. Ducatel who had resigned, we spoke in unqualified language of the propriety of the appointment, from what we knew of Dr. Fisher's qualifications. The lecture before us we are happy to say fully sanctions the encomiums we, at the time, passed upon him. It is an able exposition of the value of a knowledge of chemistry to all, but especially to the physician; and a successful endeavour to win for pharmacy that respect to which it is so eminently entitled. The lecture is creditable, highly creditable, to the author and to the school to which he is attached; unobjectionable in its spirit, rich in its elucidations, and withal conveyed in a nervous and chaste elocution.

Arsenical Candles.—The following articles have reference to a question of medical police at this time of interest in England.

At a meeting of the Westminster Medical Society on the 28th of October last—

"Dr. Scott wished to have the opinion of the society respecting a subject in which the popular health was much concerned. It might be remembered by some of the members that a few months since, Mr. Everitt introduced some experiments before the *Medico-Botanical Society*, in which he proved the existence of arsenic in some candles which had been lately brought out for the purpose of superseding the more expensive wax-lights. Mr. Everitt, in those experiments, only detected four grains of the deleterious substance in a moderate-sized candle; but it having been found by the various manufacturers that the larger the quantity of arsenic, the more alluring was the appearance of the candle, and the more brilliant the light, the poison had been gradually increased; and he (Dr. Scott) had now authority from two of the most extensive factors of these lights, to state, that one pound of arsenic to twenty-eight pounds of stearine were the proportions employed in their manufactory. Now, as these candles were not only much in use in private families, but had lately been introduced into some of the churches, and were likely to find their way into the theatres, he thought it would come within the province of the objects of the society, to state its opinion respecting the safety of such a quantity of poisonous mineral being burnt, and its vapour inhaled. The manufacturers to whom he had alluded, were anxious that the subject should be investigated; they had been compelled in self-defence to commit a fraud upon the public, by selling these fictitious articles, in consequence of the great competition which had arisen from their manufacture by at least a dozen factors in this city, each endeavouring to surpass his rivals by putting large quantities of arsenic into his candles."[2]

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[1] Introductory Lecture delivered in the Chemical Hall of the University of Maryland, Oct. 31, 1837. By W. R. Fisher, M. D., Professor of Chemistry and Pharmacy, Graduate and Associate Member of the Philadelphia College of Pharmacy. (From the American Journal of Pharmacy.) 8vo, pp. 24. Philadelphia, 1837.

[2] Lancet, Nov. 4, p. 212.

Owing to this communication and the debate which followed, the subjoined letter was addressed to the editor of the Lancet:[1]

"Sir,—Perceiving, from the report of the proceedings of the *Westminster Medical Society*, which appears in the Lancet of the 4th ult,, that the important question of the injurious tendency, or otherwise, of the use of arsenic in the composition of candles, was brought before its members, and a question raised as to the state in which the arsenic would be after combustion, I trouble you with a few remarks, the result of a great number of experiments, proving, most conclusively, that arsenious acid, or as it is commonly called, white oxide of arsenic, is thrown into the air, in a finely divided state, by the burning of the arsenuretted, or,—as they may with propriety be called,—corpse-candles.

"Although carbonaceous fluxes are used for reducing white arsenic to a metallic form, it will be apparent, when we remember the action of gas in a natant state, on the oxides of this metal, that the reduction is entirely prevented, in this instance, from the deoxidation of the arsenic, by the carburetted hydrogen, formed during the decomposition of the stearine, in the capillary vessels of the wick, and their consequent combination in the form of arsenio-carburetted hydrogen.

"Decomposition is again effected, during the process of combustion; the carburetted hydrogen forming, with the oxygen of the air, carbonic acid and water, whilst some carbon is set free; and the liberated arsenic is again converted into its oxide.

"This may be convincingly shown, by holding over the flame of one of these candles a glass tube, at an angle of thirty degrees. Carbonaceous matter will be seen to fly off, and be deposited around the upper orifice of the tube. Below this, a crust of the white oxide of arsenic will be formed, and, at the point on which the flame impinges, a little metallic arsenic will present itself, which, as the tube becomes heated, sublimes, and is also converted into arsenious acid.

"By this easy experiment, the quantity of arsenic used in the composition of the candle may be ascertained with considerable precision. By closing the ends of the tube, the carbonaceous matter may be used as the deoxidising agent; and on applying the heat of a spirit lamp, the whole of the pure metal can be sublimed to any convenient part of the glass.

"A short period since, having occasion to well light a large apartment, I used some spermaceti candles, recommended to me for the purpose. During the evening the air of the room became exceedingly oppressive, and several persons were distressed with an irritating cough. Suspecting the candles, I submitted them to analysis.

"One of them yielded me 160 cubic inches of arsenio-carburetted hydrogen gas, from which I obtained 27 grains of arsenious acid.

"Surely the advantages of a good appearance are not so great as to warrant a continuance of this evil practice, by which a very useful article is converted into a deadly and insidious destroyer.

"I have the honour to be, sir, yours, &c.

"ROBERT HUNT.

"*London, Nov.* 5, 1837.

Sir James Clark.—The Queen of Great Britain has created her physician—Dr. James Clark—a baronet of the United Kingdom. Sir James resided for a long period at Rome, where he became acquainted with several of the German princes, and with many of the nobility and gentry of his own country; and after his return to England, he attended—we believe—Prince Leopold, who is brother to the Duchess of Kent. He was subsequently appointed physician to the King and Queen of the Belgians. As the physician to the Duchess of Kent he attended the Princess Victoria, and when she succeeded to the throne he was continued her physician.

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[1] Lancet, for Nov. 25, 1837, p. 324.

Sir James is well known in this country by his work on climate, the second edition of which was published in 1830, and by his treatise on pulmonary consumption, which was reprinted in 1835, by Messrs. Carey, Lea, and Blanchard, of this city.

Potableness of Water from Zinc Roofs.—A question having arisen as to whether rain water which has fallen on zinc roofs and been collected in cisterns is adapted for internal use—M. Boutigny, Pharmacien of Evreux—and an eminent hygienis—thas stated his opinion in the negative;[1] but we apprehend on very insufficient foundation. We have no idea that,—even if we agreed with him that the water must always contain more or less of the metal,—it could produce any injurious effects on the economy. He gives it as his opinion, that a regulation of the police should forbid the employment of rain water which has fallen on zinc roofs from being employed "as aliment or as drink."

Cæsarean Section after the Death of the Mother.—Mr. Dawson, Lecturer on Midwifery at the Newcastle-upon-Tyne School of Medicine and Surgery, has published[2] a case of the cæsarean section on a female, twenty-three years of age, who died of convulsions. Mr. Dawson saw her soon after death, and on placing his hand over the abdomen he felt a distinct motion in the uterine region. With the view of saving the life of the fœtus, he opened the body a quarter of an hour after death. The heart was found acting, and there was a pulsation in the umbilical cord. The pulsation continued for about twenty minutes and then ceased.

Mr. Dawson considers the case interesting, in so far as the fœtus was found alive a qnarter of an hour after the death of the mother. In a recent number[3] we gave the particulars of a case in which it survived seven hours.

Recurrence of the Catamenia in Old Age.—Dr. Strassberger, of Beeskow,[4] has given the case of a lady who ceased to menstruate in her forty-second year, and with the exception of some attacks of gout, remained in good health until her eightieth year. At that time—in 1832—menstruation recurred, with abdominal pain, continuing as before for four days, and it returned regularly until August, 1835. From that time it disappeared until the time of her death, which occurred at the commencement of last year.

According to her account the fluid had the usual colour and smell.

Self-evolution of the Fœtus.—The German Journals have recently contained several cases of self-version of the fœtus. Two cases are described in a journal before us[5] by Dr. Mankiewicz, of Nackel. In one case the shoulder presented, in the other the arm. In the former case, after a violent pain, the foot was discovered presenting, the shoulder having retreated; in the other case, the head came down; so that in neither was artificial turning necessary.

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[1] Annales d'Hygiène Publique, Mai, 1837.
[2] Lancet, for Sept. 30, 1837, p. 28.
[3] Intelligencer, for Nov. 15, 1837, p. 299.
[4] Medicinische Zeitung, No. 48, Nov. 30, s. 248.
[5] Ibid, No. 37, Sept. 14, s. 184.

Ioduret of Sulphur in Tinea Capitis.—A writer in a recent English periodical[1] has strongly recommended an ointment formed of ten grains of ioduret of sulphur and an ounce of lard as a remedy in tinea capitis. He affirms that he was induced to make trial of it in some obstinate cases, and was much astonished at the remarkable power it possessed over the disease. He rubbed it on the head night and morning, and increased the strength of the ointment according as the affected part was able to bear the stimulus, until the ioduret bore the proportion of half a dram to the ounce of lard or spermaceti cerate.

The ioduret is made by mixing one hundred and twenty-five parts of iodine with sixteen of sulphur, and then gently heating the mixture over a slow fire or spirit-lamp, until they fuse into one mass.

Issue Paper.—The following formula is given for the preparation of a good issue paper, in a late number of a French periodical.[2]

R. Resinæ albæ (*galipot en larmes*), ℔ ii.
Adip. Ovill. præparat. ℥ iss.
Ceræ albæ, ℥ ii.
Cetacei, ℥ iss.
Terebinthin., ℥ iss.
Alcohol. ℥ i.

Wet the fatty and resinous bodies by a gentle heat, and at the moment of passing through linen, add the alcohol; then spread upon paper in the ordinary manner.

Phthisis Pulmonalis cured by Adventitious Erysipelas.—It is admitted by almost all, that if any benefit is to be derived in phthisis pulmonalis from remedial agents, they must belong to the class of revellents. It is with this view, that we have recourse to blisters, tartarised antimony ointment, &c. &c. Dr. Langguth, of Annaburg,[3] has published the particulars of a case in which phthisis in its confirmed state, as indicated by purulent expectoration and hectic fever, was removed by the supervention of extensive erysipelas ("*pseudo-erysipelas*,") owing to frost-bitten toes; extensive suppuration and sloughing occurred, but by careful attention to allow of the free discharge of the matter, and by the internal and external use of cinchona, the limb was saved; and, what is most important, from the commencement of the erysipelas and the sloughing abscesses of the lower extremity, the affection of the thorax gradually diminished, and, ultimately, wholly ceased.

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[1] London Medical Gazette, for Sept. 9, 1837, p. 879.

[2] Bulletin Générale de Thérapeutique, Juin 30, 1837.

[3] Medicinische Zeitung, No. 32, Aug. 10, 1836, s. 158.

NECROLOGY.

Dr. Mackintosh.—We regret to see, in our late British journals, the death of this gentleman announced. It took place in Edinburgh in the latter end of October, in consequence of an attack of typhus fever. Dr. Mackintosh is known amongst us chiefly for his "Principles of Pathology," of which two reprints have been made in this country, one with valuable notes, by Dr. Samuel G. Morton, of this city. Dr. Mackintosh was likewise author of various papers in the medical journals. "He devoted a great portion of time and labour to the investigation of cholera, and has made some important contributions to its morbid anatomy, the results of which were communicated to the late scientific meeting at Liverpool. He was a zealous and active man, perhaps a little too energetic as a controversialist. He had a considerable class, and his death will be severely felt in the school with which he was connected; leaving, as we believe it does, a blank both in medicine and midwifery."[1]

BOOKS RECEIVED.

From Professor Calhoun.—Report of the Trustees of the Institution for the instruction of the Blind to the thirty-sixth General Assembly (of the state of Ohio). 8vo, pp. 12.

From the Author.—The Final Report of the Committee of the Philadelphia Medical Society on the Construction of Instruments, and their mode of action, in the radical cure of Hernia, (from three years' observation,) accompanied by a collation of the practical facts contained in the preliminary report: with notes, illustrations, and additional cases of hernia, and diseases resembling hernia: also illustrations of certain instruments designed for the treatment of other diseases affecting similar parts. By Heber Chase, M. D., Member of the Academy of Natural Sciences, Honorary Member of the Philadelphia Medical Society, &c. (with a motto). 8vo, pp. 243. Philadelphia, 1837.

From the Author.—An Oration on the Improvements in Medicine, delivered before the Philadelphia Medical Society, twelfth month, 13th, 1837. By Joseph Warrington, M. D., Honorary Member of the Society, and Accoucheur to the Philadelphia Dispensary. Published by order of the society. 8vo, pp. 28. Philadelphia, 1837.

From the Author.—An Introductory Lecture to the Course of Surgery, delivered in the Chemical Hall of the Washington Medical College of Baltimore. By John R. W. Dunbar, M. D., Professor of Surgery and Surgical Anatomy, and Surgeon to the College Hospital. 8vo, pp. 28. Baltimore, 1837.

From the Author.—A Summary of Meteorological Observations, made during the months of July, August, and September, 1837, in the city of Lexington, Ky. By Robert Peter, M. D., &c.

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[1] London Medical Gazette, Nov. 4, 1837, p. 220.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. **February 1, 1838.** **No. 21.**

Art. I.—ON THE MOTIONS AND SOUNDS OF THE HEART.

The following is the second report of the London Committee of the British Association for the Advancement of Science, which was communicated at the meeting at Liverpool, Sept. 1837. It refers to a subject of great difficulty as respects the alternate sounds heard in health; our own opinion has been that the first sound is produced by the contraction of the ventricles, and the second by the falling back of the blood on the semilunar valves at the moment of the active dilatation of those cavities; or by the active dilatation of the cavities themselves, which of course takes place synchronously, or nearly so, with the reflux of the blood on the semilunar valves.

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The committee appointed in London to investigate the motions and sounds of the heart, have to present to the association a short account of some investigations of the abnormal sounds of the heart and arteries, in which they have been recently occupied, and which were not comprehended in their former report.

Before describing these, the committee would remark, that although their enquiries have not been specially directed to that subject, yet they have had many opportunities of verifying the conclusions on the *natural* sounds, as presented in their report of last year; and these conclusions not having been since shaken by any experiment or rational objection, it may be considered as fairly established, that the first, or systolic sound of the heart, is *essentially* caused by the sudden and forcible tightening of the muscular fibres of the ventricles when they contract; and that the second sound, which accompanies the diastole of the ventricles, depends solely on the reaction of the arterial columns of blood on the semilunar valves at the arterial orifices. It further appears, that the first sound may be increased by an additional sound of impulsion against the walls of the chest under certain circumstances of posture, of increased action of the heart, and of particular stages of the respiratory act. It is also obvious, that the character of the first sound may in some measure depend on the closure of the auriculo-ventricular valves, and on the quantity of blood, inasmuch as these determine the nature and time of the resistance, against which the muscular fibres of the ventricles tighten. So likewise the vigour of the ventricular systole, the quantity of blood propelled by it, the sudden and complete character of the diastole, the fulness of the arterial trunks, as well as the perfect, mobile, and membranous condition of the semilunar valves, will determine the character and loudness of the second sound. An experimental illustration of one of these conditions was observed by the committee during one of their experiments on the ass—a great diminution of the second sound on the carotid artery being freely divided.

As additional illustrations of the production of a sound like that of the heart, by muscular contraction, the committee have noticed that accompanying the action of the panniculus carnosus of the ass during life, and the quivering contraction of muscles immediately after death. The sound produced in the latter case, in nature and frequency, closely resembled the first sound of the heart of the fœtus or of small animals.

In investigating the morbid sounds of the heart, the attention of the committee has been chiefly directed to the causes of those remarkable and various accompaniments of the heart's action, called murmurs, which were happily compared by Laennec with the noises of blowing, filing, rasping, sawing, purring, cooing, &c. This enquiry consists of two parts. 1. *What is the essential physical cause of the phenomena in question?* and 2. *How does the apparatus of the circulation develope this cause in the various instances in which these phenomena are known to occur?* To the first of these enquiries, the experiments of the committee supply what they trust will be deemed a satisfactory answer: the second is to be answered by extensive clinical and pathological observation, rather than by direct experiment; and although a few physiological experiments will be quoted to this point, yet the committee do not profess at present to do more than open this enquiry to all those who have the means of pursuing it.

Experiments on the production of Sound by the motion of Water through a Tube.

1. A caoutchouc tube, eighteen inches long, and three eighths of an inch in diameter, was attached to the stop-cock of a reservoir, in which there was water to the depth of from eight to ten inches.

When the water flowed perpendicularly through this tube (the air being first expelled,[1] and the lower end of the tube kept under water in the recipient below), no sound was heard; but on pressing any part of the tube, so as to diminish its calibre, a blowing sound was heard at and below the point of pressure, and this sound became louder and more whizzing as the pressure was increased. The loudest sounds were obtained at the lowest end of the tube, where they were sometimes quite musical; and by increasing the pressure at regular intervals, a periodic increase and raising of the sound was produced, which closely resembled the sound heard in the neck, to which the French have given the name of "bruit-de-diable."

2. A pin being stuck transversely through the tube, a slight blowing was heard. A similar phenomenon more distinctly resulted from the use of a split goose-quill placed in the same way. A stronger blowing was produced by two threads across the diameter of the tube, especially when they were rather loose; and a still louder and shriller sound ensued when a knot of string was fastened to the threads.

3. The same tube being adapted to the stop-cock of a water supply-pipe, through which the current could be let to pass with great force, it was found possible to imitate every variety of blowing, whizzing, and musical murmurs, by varying the pressure on, or obstruction in, the tube, and by altering the force of the current. When the current was strong, the least obstruction caused a murmur, but with weaker currents, greater obstructions became necessary for the same effect. An obstruction, which, with a weak current, gave a blowing sound, produced with a stronger current a sound of a more whizzing character. Grating or rasping sounds were best obtained by the effect of a strong current on a knotted thread across the diameter of the tube. The musical or uniform sounds resulted from a moderately strong current through a considerable impediment; increasing the force of the current or the degree of obstruction, rendered them whizzing and imperfect; diminishing the current or the obstruction, converted them into a simple blowing. When a sound was of an appreciable pitch, its note was high in

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[1] As long as any air remains in the tube, a loud crepitation accompanies the current. In most of these experiments a flexible ear-tube, without its cone, was used, as being more easily applied than the common stethoscope.

proportion to the force of the current and the amount of the obstruction,—a fine forcible stream producing the highest note. Sometimes, however, with a strong current, a loud trumpet-note would be set up which was not altered in pitch, but only in force, by changing the strength of the current. This kind of note produced visible vibrations of the tube below the obstruction, and seemed to have relation to the length of the tube. In many instances these vibrations resembled closely the purring tremor and thrilling vibration sometimes felt in the region of the heart and large arteries. Musical sounds of a more variable character, like the cooing of a dove, the humming of an insect, or the whistling of wind, were produced with weak currents passing through a tube much obstructed. The pressure of a column of water only two or three inches high was sufficient to give acute whistling notes, which were sustained, although varying, even when the water that passed only fell in drops from the end of the tube.

4. Bending the tube to an angle produced a murmur; but no sound resulted from any curve that did not infringe on the calibre of the tube. A circular constriction, by a thread drawn round the tube, caused a murmur, which was blowing or whizzing according to the strength of the current.

5. The current issuing from the end of a tube, or from the mouth of an India-rubber bottle, produced a blowing sound when it impinged directly on an opposite surface, such as the side of the recipient or the end of the stethoscope ; but unless the current were very strong, this sound was not produced when the current played on the surface very obliquely.

6. When the tube, with a weak current, was pressed on at two points, the murmur was heard at the point where the pressure was greatest; and by increasing the pressure at one point, the sound was stopped at the other. When the current was strong, it was easy, by a pretty equal pressure, to cause a murmur at both points.

7. With a strong caoutchouc tube, two feet long, and one inch in internal diameter, the same results were observed, but in a more remarkable degree, in consequence of the increased size of the tube. When the current was strong, and the pressure on the tube considerable, sounds were produced loud enough to be heard without applying the stethoscope to the ear, and the vibrations of the tube below the obstructions were so strong that they threw the water in little jets from the outside of the tube.

8. In making the last experiment, the pressure of the water suddenly distended a portion of the tube into a globe about three inches in diameter, constituting a good representation of a circumscribed true aneurism. As long as the force of the current was sufficient to keep the walls of the dilated portion distended, no murmur was produced ; but when these walls became flaccid, the passing current caused a kind of dull fremitus in them. Slight pressure on the dilatation or bending the tube to form an angle at the point, also sometimes occasioned a murmur.

9. A globular India-rubber bottle, three inches in diameter, being adapted to an aperture in the side of a tube, so as to form an elastic sac communicating with it, and the air being expelled, the current of water was directed through the tube. The same was done with a smaller tube, and a bottle one inch and a half in diameter. In some positions the current, in passing the lateral sac, occasioned a slight whizzing; but in others, as when the tube was straight, there was no sound. A sudden increase of current, or the removal of pressure from the sac, caused a whizzing, by the entry of water into the sac. Independently of the current, sudden forcible pressure on the sac occasioned a whizzing with the expulsion of the fluid ; and a similar whizzing attended its rapid reflux into the sac on the removal of the pressure.

10. Some of the preceding experiments being repeated with water made slightly glutinous with size, it was found that the various sounds were not quite so readily produced as with plain water, and required a greater force of current.

From all these results (1, 2, 3, 4, 5, 6, &c.) it is sufficiently plain that a certain resistance or impediment to a liquid current is the essential physical cause of all murmurs produced by the motion of fluids in elastic tubes. That any condition of the walls of the tube beyond the obstructing point is not, as it has been supposed, essential to the production of these sounds, is proved by the fact, that they may be produced by an obstruction at the *terminal orifice* of the tube, or at the *mouth* of a gum-elastic bottle, where there is *no tube* or *wall beyond* to cause them (1, 5); and usually this is the situation where they can be produced best, because here the current has acquired its greatest momentum, and finds a freer passage beyond the obstructed point. The more flaccid state of the portion of a tube beyond an obstruction is a necessary effect of the impediment caused by that obstruction to the passage of water. It is therefore a necessary *concomitant* of the obstruction, but it is not the *cause of the sound.* When, however, the sound occasioned by the obstruction is strong, its vibrations may be communicated to the whole contents and walls of the tube beyond (3, 7,) which will then vibrate in system with it, and be capable of modifying its note; just as the tube of a reed instrument *affects* the note which is *generated exclusively in the reed.* On the other hand, when the sound is weak and varying, the condition of the tube or walls beyond it will not affect it. In short, the laws of the production of sound by liquids, so closely resemble those which regulate the same phenomena in air, that it is unnecessary to enter into further detail respecting them. It may be necessary to advert to an objection to this view, that a murmur is sometimes caused where there is no impediment to the course of a liquid, as when it passes suddenly from a small into a large tube or into a sac. In the first place, it is not quite correct to assume that in this case there is no impediment; for the liquid in the large tube or sac having less velocity than that in the small one, must itself be an impediment. But besides this, the course of the small swift current becomes changed by spreading into the larger channel, and instead of running smoothly parallel to the tube, now strike its walls at an angle, causing a series of impulses and resistances which, if forcible and rapid enough, constitute the vibrations of sound. It is in the same way that a current produces a sound by impinging against an opposed surface (5.) It may be observed, however, that these indirect kinds of impediment to a moving current, are not so constantly attended with the production of sound, as the direct obstacle presented by a narrowing of, or projection into, the calibre of the tube.

Experiments on the production of Murmurs in the Living Body.

11. About two inches length of the common carotid artery of a young donkey was laid bare. Different degrees of pressure, either by the stethoscope, or by a probe pushed under the artery, occasioned a variety of murmurs, blowing, sawing, filing, and musical or cooing, at each pulse. When the stethoscope was merely placed in contact without pressure, no murmur was heard, but only a simple impulse and sound, which was distinct only when the heart acted strongly.

12. The artery was scratched for a few seconds with the point of a scalpel; it gradually became sensibly smaller for the length of half an inch about that point. A strong solution of salt being applied, the contraction increased; but it was still of a gradual and tapering kind, and the stethoscope could not detect any murmur in it; very slight pressure was enough to cause a whizzing. The pulse at this contracted portion was felt to be much harder and sharper than above or below it.

13. A small incision being made into the artery, a jet of blood issued, and a whizzing, sometimes continuous like the bruit-de-diable, sometimes only in pulses, was heard beyond the orifice, but no sound on that side of the orifice nearest the heart; the sound being, as usual, carried in the direction of the current. The incision being made larger, the blood spouted out with whizzing to the distance of more than six feet, and the animal died in the course of ten minutes. After this last incision the beats of the heart were frequent, short, and pretty loud, but without a second sound, and without

any murmur to the last. They continued for nearly two minutes after the respiration and consciousness had ceased, becoming gradually slower.

14. The committee repeated the observation that has often been made before, that a murmur can easily be produced by pressure on the subclavian, carotid, or femoral artery of the human subject. This murmur is generally of a grating or filing character, and is prolonged in proportion to the degree of pressure.

15. Whilst making the observations on the carotid, they found that a continuous murmur of very remarkable and variable characters could be produced by pressure on the jugular veins. The most common sound thus produced was like the humming of a gnat or fly, but occasionally it resembled the whistling of wind, the singing of a kettle, the cooing of a dove, and sometimes it was perfectly the remittent whirring noise, which the French have called the bruit-de-diable. Dr. Ogier Ward, of Birmingham, had previously come to the conclusion that this sound is produced in the jugular veins; and the observations of the committee confirm this inference; but they do not agree with this physician in the opinion which he adopts from MM. Andral and Bouillaud, that the presence of these sounds always denotes a chlorotic state of the system, in which steel is indicated, or that they are essentially morbid symptoms at all. They may be produced in the healthiest subjects by moderate pressure applied to the lower part of the jugular veins, and are then found to be modified by various circumstances, which can only affect the venous current. Thus, they may be arrested or diminished by pressure on the vein above, by the horizontal posture, or hanging down the head, and by forced efforts to expire with the glottis closed. They may be restored in increased degree by suddenly desisting from any of these acts or circumstances. The occasional pulsatory or remittent character of these sounds seems to depend on the momentary increase of pressure caused by each pulse of the neighbouring artery; and when, as it sometimes happens, these pulses are attended with a whizzing, this is in a measure incorporated with the venous sound, and increases its periodic swell. The size and downward current of the jugular vein peculiarly adapt it for the production of sound, but it is probable that sounds may be produced by pressure on other veins, when circumstances accelerate the current within them. The committee have succeeded in detecting an obscure murmur in some of the large superficial veins in the arm and thigh. It is to be distinguished from muscular sound, which it resembles, by its being heard only when the small end of the stethoscope is applied on a vein, and by its being stopped by pressure on that vein. A louder continuous sound is sometimes heard at each side of the upper part of the sternum, which, from its resemblance to these venous sounds, and from its being stopped by forcible expiration, may be supposed to have its seat in the large venous trunks underneath.

Although it appears from these facts that the venous sounds are not necessarily signs of disease, yet the circumstance proved by the committee (10), that water is thrown into sonorous vibrations more readily than a liquid of a more glutinous character, renders it probable that these, and other sounds depending on the motion of liquids in the apparatus of the circulation, may be more easily produced where the blood is thin and deficient in quantity; and under these circumstances they may occur in the neck from the mere pressure of the muscles on the jugular veins.

The committee had planned several experiments for the further elucidation of the second part of the enquiry, namely, *by what changes, functional and structural, does the apparatus of the circulation develope the physical causes of abnormal murmurs and sounds, in various instances in which they are known to occur?* Having failed in obtaining animals in time for this report, the committee[1] propose to resume at a future time this part of the enquiry, so important for the elucidation of several obscure points in pathology, diagnosis, and practice; and to report the result of their labours at the next meeting, if the association should think fit to reappoint them for that purpose.[1]

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[1] The committee was reappointed, and £25 placed at their disposal for the further prosecution of these researches.

(Signed) C. J. B. Williams, M. D., F. R. S.
Robert B. Todd, M. D.,
Professor of Physiology and General and Morbid Anatomy, King's College, London.

Art. II.—REMOVAL OF THE CLAVICLE, WITH A TUMOUR SITUATED IN THAT BONE.

BY WILLIAM TRAVERS, F. R. S., SENIOR SURGEON TO ST. THOMAS'S HOSPITAL.

The patient, in this case, was a young gentleman, æt. 10, a native of the East Indies, but resident for the last five years in England. In the summer of 1836, a swelling, of the size of a hedge-nut, was observed in the centre of the left clavicle, which was attributed to a fall he had had ten days previously, and treated accordingly. At about two months after this discovery the author was consulted, when the swelling had attained the size of a pigeon's egg, was elastic, and painful when compressed. Various means were had recourse to with the view of dispersing the tumour, but without avail, as by May, in the present year, its base, from the scapular extremity, occupied three fourths of the bone. About two thirds of its bulk were supraclavicular, so that in the erect posture it was seen far behind. It being determined to remove the bone with the tumour, the operation was performed on the 6th of June, twelve months after the commencement of the disease. The operation was effected without difficulty, and no considerable blood-vessels were injured. The entire clavicle was removed, with the exception of a small portion of its sternal extremity. At the date of the present narrative (Oct. 1837) the wound had been very completely cicatrised; there was no falling forward of the shoulder, nor any restriction of the motions of the arm: indeed, such facility does the patient enjoy in this respect, that one of his amusements is rowing a boat upon the Thames. There is a production of bone from the truncated extremity of the clavicle, extending at least two inches, and terminating beneath the centre of the cicatrix. A section of the tumour, in its longest diameter, presented an arrangement of cells filled with a dark solid coagula of blood.

The author conceives that there can be no reasonable doubt of two points, viz. that the tumour began in the cellular structure, and that it was the result, direct or indirect, of the fall. The explanation offered by the author is, that a medullary extravasation had taken place from the concussion attending the fall, or from the fracture within the periosteum, in either of which cases the effused blood which, in a perfect solution of continuity, would have been absorbed, acted as a foreign body; and by effectually stopping the osseous secretion and starving the bone, became the instrument of the absorbing process. He is induced, by the phenomena of such cases as the present, to entertain an opinion, that many anomalous fixed tumours on record arise from changes within the medullary canal of the bones, and are exasperated into intractableness by their confined situation. The paper concludes with a categorical summary of the diseases of bone, which the author's observation and the records of surgery enable him to verify.[2]

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[1] London Medical Gazette, December, 1837, p. 392.

[2] Ibid, p. 396.

Art. III.—PHTHISIS PULMONALIS.

The following account of phthisis pulmonalis is from an abstract of the clinical conferences at the Hospital Necker, in Paris, during the year 1836, in the service of M. Bricheteau, physician to the establishment.[1]

This year, like the preceding, consumptive patients were numerous under the attendance of M. Bricheteau. They have given rise to many remarks and various clinical essays. The remarks have established that this disease was not so well known as has been supposed, in regard even to its organic alterations, and much less in many other respects, such as its etiology, therapeutics, curability, incurability, &c.

The lungs of the consumptive have almost always been studied, indeed, at an advanced period of the disease, and tubercles, themselves but little considered, have not been referred to their true origin, in what M. Bricheteau terms the first period of tuberculisation; he has devoted himself to fresh researches in order to establish this period of origin of tuberculous affection of the lungs, already pointed out by M. Rochoux, and which, according to that author, consists in a conglomeration of corpuscles similar to those observed in the gelatinous crust with which inflammatory blood is often covered. These corpuscles are a tenth of a line in diameter; they are of a pearly satin colour, susceptible of assuming the intermediate shades between gray and red.

They are of a slight consistence, but not diffluent; if we divide any of it with the scalpel, the surface of the section is perfectly homogeneous and not intermixed with any other tissue. At a later period they become rounded, very circumscribed, with little notches; they are attached to the pulmonary tissue by a multitude of slender filaments, like a spider's web, yielding to very slight traction, and whose broken ends form around the tuberculous point a kind of tomentum similar to the down on the fig.

A tubercle of the first degree, enveloped in its filaments, cut from the lung with the point of a very sharp instrument, seems to be lost in the midst of a kind of cloud when plunged in water. It becomes visible again as before, when, being withdrawn, the filaments which caused the liquid portion to float, sink, and are applied upon each other.

When the tubercle has attained the tenth of a line in diameter, its colour changes. The shining gelatinous appearance disappears gradually, and is replaced by a gray tint, sometimes more or less yellowish.

The description of this first tuberculous state, which may be seen with the naked eye, although it may be observed more easily with M. Raspail's microscope, is opposed to the opinion of those (as Messrs. Magendie, Cruveilhier, Andral, Carswell) who have advanced that the pulmonary tubercle is liquid at its origin.

It is not more favourable to the opinion of those who contend that there may be first a little deposition of serum, or a slight effusion of blood, or small hydatic vesicles. If it be asked, says M. Bricheteau, of what tubercle consists at its origin, we shall answer with M. Rochoux, that we may admit the existence of an atom of vitiated fluid, which combines with the already diseased pulmonary tissue, and terminates by altering its texture. This may be regarded as an alteration of nutrition, hematosis, which leads to a degeneration of tissue. It begins to develope itself, in all probability, in the interlobular cellular tissue of the lung, as had been already advanced by Starch.

After having admitted the existence of a period not heretofore described of the tuberculous disease, it would have been useful to point out the phenomena which indicate it, and the knowledge which may be drawn from it in regard to the practice of art in a disease where it is so often powerless. But the relations which connect the pathological state with its symptomatology and therapeutics are found enveloped in profound and hitherto impenetrable mystery; and it may be said that its manifestation in the history of diseases of the different apparatuses of the animal economy, as in that of the lungs, would be capable of altering the destinies of the healing art; how much it is to be deplored that it should be still a desideratum.

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[1] La Lancette Française, No. 79, Juillet 6, 1837.

M. Bricheteau, in postponing it to another period, has, however, announced some developments on this subject in a work which he intends publishing very shortly on phthisis pulmonalis.

During almost the whole of the year 1836, with the exception of the hottest months (July and August), several phthisical patients were daily subjected to the treatment with tartar emetic in small doses; young subjects were generally preferred, who were in a less advanced period of the disease (first and second degrees); some among those who had reached the third degree, and who required instant medical aid, also formed part of those treated.

There is not a single patient who was not at first alleviated by this treatment. Some were soon weakened by it, and obliged to abandon it on account of the diarrhœa which resulted; but the greatest number continued it with varied success, and experienced relief. With some the colloquative sweats or expectoration were diminished in a remarkable manner; with others the pains in the chest disappeared; some accounted themselves much relieved, recovered their appetite, and embonpoint; whilst others remained stationary, and with whom the disease did not make any progress. There is at present under the care of M. Bricheteau (May, 1837) a young girl who is in this state. A certain number (a majority) were discharged in a satisfactory state, being ordered to continue the treatment at home. Five patients amongst those who were subjected to the curative treatment have appeared to be cured; the first was a pupil of the *Séminaire de Mondidier*, sent to Paris in a desperate state, and who it was proved had a cavity on the right side. This young man, seventeen years of age, during a residence of nearly a year at the hospital there, used, at different periods, the tartar emetic potion; the application of several cauteries was made under the right clavicle, and beneath the scapula of the same side. He went out perfectly cured, so as to return to his native country, the department of the Cantal; we saw him three months after his discharge, and had no doubt of his cure.

The second patient was a girl, called Lapierre, living in the quarter of the Gros-Caillou, in the first stage of consumption. After she left the hospital cured, she returned from time to time in order that we might be assured that she had not experienced a relapse; we saw her twice.

The third patient was a washerwoman living in the Rue de Sèvres, twenty-eight years of age; she had been favourably treated for consumption of the first degree in the right side by small doses of tartar emetic and deep cauteries, three years previously; she was recognised by a pupil who recollected perfectly the circumstances of her case, of which there were no traces. The affection which compelled her to enter the hospital was a syphilitic swelling of the inguinal glands. A period of three years was a sufficient guarantee of the cure.

The fourth subject was a seamstress, mother of several children, thirty years of age, who presented unequivocal symptoms of a tuberculous affection of the right side, with gargouillement, nocturnal sweats, purulent expectoration, cough, vomiting, &c. The amelioration experienced by this woman in less than a month, by the same method of treatment, was the object of general surprise;—the sweats ceasing, along with the cough and expectoration; the patient, recovering her strength and embonpoint, left the hospital in a very satisfactory state, notwithstanding the entreaties made use of to keep her.

The same took place with the fifth and last patient, who, also, was a seamstress, sixty years of age, presenting pectoriloquy in the supra-spinal fossa of the right side, and other symptoms characteristic of phthisis at a very advanced stage. The tartar emetic potion, administered to this woman for fifteen consecutive days, did not fail to produce, after each dose, two or three powerful vomitings. The effects of this medication, says the writer of the case, were so advantageous, that the most alarming symptoms of the disease disappeared with surprising rapidity; the cough, expectoration, sweats, weakness, yielded rapidly; the appetite returned; the gargouillement which had existed at the top of the lung began to be imperceptible, and this patient went out at the end of a month, in appearance perfectly cured of the kind of acute phthisis with which she had been affected.

The facts, simply announced here, will be published more at length in a work M. Bricheteau is preparing on phthisis pulmonalis. The reader, who will reasonably find this description very incomplete, must keep in view that this account is but a summary of daily observation.

The tartar emetic potion given at the Hospital Necker, contains from one to three grains, according to the cases. The vehicle for this medicine, and for dissolving it, is five ounces of the infusion of elder flowers, with the addition of an ounce of syrup. The patients commonly take a tablespoonful of this potion morning and evening; if this dose does not produce any effect, a second is given a quarter of an hour afterwards. If a diarrhœa is caused, which often happens, it is easily combated with pills composed of equal parts of ipecacuanha and digitalis purpurea; these pills are commonly two grains, and may be repeated several times during the day. The food consists most frequently of rice and other milk soups; the common drink is milk boiled in a decoction of starch.

In giving a history of the employment of tartar emetic in phthisis pulmonalis, which dates as far back as the time of Morton, M. Bricheteau relates that at the commencement of his medical career, he attended, conjointly with Portal and Hallé, a phthisical young lady, who had been brought to Paris to undergo treatment; he thought he should make her relations aware that he had no hope of curing the patient. The doctors were politely dismissed, and exchanged for a quack, who, after having promised a cure and caused them to pay in advance, gave the emetic tartar to the young patient with such marked success for some days that the cure was supposed very near, and made great noise in the world; it did not succeed, for death took place some time after; (the disease was in the third stage).

From what has preceded, it would be difficult not to admit that emetic tartar properly administered to the consumptive, even at an advanced period, does cause an energetic and salutary medication. If this medication be perturbating, which there is every reason to suppose, it would strengthen the doctrine of Dr. Carswell, of London, who locates the seat of tubercles in the blood, and who admits that tuberculous matter is transported by this liquid and deposited by means of exhalation on the mucous membrane of the bronchial tubes, on the peritoneum, &c.

Might not the derivative effects of vomits in these cases be the means of arresting this dreadful morbid progress? But it is conceived that in order that this effect be quite efficacious, the progress of the formation of tubercles must not be accomplished, nor even far advanced.

Among the other means employed in phthisis pulmonalis, we have seen a fumigatory machine fitted with a tube five feet long recommended and extolled by an English physician (Hopkins Ramadge). It is less in the repeated inspirations of the vapour than in the energetic exercise of the respiratory organs, that the beneficial effects of the means employed by this physician consist, of which he moreover relates almost incredible prodigies, in a work published by him at London on phthisis pulmonalis.

The patients of the Hospital Necker have found the employment of this machine, which demands numerous and strong inspirations, so fatiguing as to render its continuance impossible; consequently trials have been nearly null. This author publishes besides, in the work we have just quoted, very singular opinions, such as that which establishes that pulmonary catarrh never precedes phthisis; that, far from disposing to it, it must on the contrary be considered as one of the curative means which may be opposed to it; that for patients, a sedentary and inactive life in a warm atmosphere is more to be dreaded than a sojourn in Russia and maritime voyages during very cold and damp seasons, &c., that in a word phthisis pulmonalis proceeds from inaction of the respiratory organs, and that the specific of this disease is the exercise and development of these organs, &c.

Phthisis pulmonalis is so frightful a disease, and makes so many victims, especially at the Hospital Necker (for which the unfortunate people who are affected with it seem to manifest a preference), that we have thought it might be useful to make known the laudable efforts and more or less satisfactory therapeutic experiments, which have been made there with perseverance for six years, in order to diminish the ravages of this disease, so fatal to the inhabitants of Paris in particular.

ART. IV.—ON BELLADONNA AS A PRESERVATIVE AGAINST SCARLET FEVER.

The following remarks by William Maclure, Esq., late president of the Harveian Society, are confirmatory of those published by us in a late number of this journal.[1]

To the Editor of the Medical Gazette.

Sir,—The following paper was read by me before the Harveian Society, at its sitting of the 7th of October, 1833. It relates to the subject of the extract of belladonna given as a preservative against the contagion of scarlet fever. If you should deem it of sufficient importance to entitle it to insertion in your journal, be so good as to award to it that privilege at your earliest convenience. I have delayed to publish it till now, in the hope of enlarging my experience of the practice which it recommends, and I have only farther to remark, that since the paper was written, I have employed the extract of belladonna as a prophylactic in several instances, and generally with apparent success; though no doubt the subject still requires investigation. The great importance of the subject, and the probable efficacy of the practice, were fully admitted by the late Sir David Barry, Professor A. T. Thomson, Dr. Theophilus Thompson, and several others of equal eminence, who took part in the discussion.

I remain, sir, your obedient servant,
WM. MACLURE.

14, *Harley street*, 10*th Nov.* 1837.

I beg to offer to the society some remarks on the extract of belladonna employed as a prophylactic against scarlet fever.

Hahnemann, I believe, was the first who proposed giving the extract of belladonna to persons exposed to the contagion of scarlatina, as a prophylactic against that disease. I am told that he published his views on this subject so long ago as 1801, but I have not been able hitherto to procure a sight of his work; what he said, however, with regard to the preventive efficacy of this substance against the exanthym in question, does not seem to have obtained much attention in Germany at the time, for I do not find any other author taking up the subject till Dr. Dusterburg did so in 1820.[2] In Hufeland's Journal der Practischer Heilkunde of that year, Dr. Dusterburg relates that during the epidemic prevalence of scarlet fever at Guttersiop, or Gusterslob, in 1820, he gave daily to such children as had not been attacked, from ten to twenty drops of a solution of three grains of extract of belladonna, in three drams of canella water; and he assures us that none of the children who continued this medicine a week were attacked with the disease, though continually exposed to its contagion. It is also stated, that every child that did not take belladonna, and was exposed to the contagion, had scarlet fever. From this period it would appear that the subject has attracted a good deal of attention in Germany, and a great many physicians of that country have given belladonna a trial, and have reported favourably of its effects, in the way of shielding for a time the constitution against this often formidable disorder. The celebrated Hufeland, in a work written in German, "On the Preservative Virtue of Belladonna against Scarlatina," and published at Berlin in 1826, has collected no less than thirty reports of as many German physicians, whose experience goes to confirm his own opinion of the efficacy of this substance in this particular way. The professor believes that the efficacy of the plant depends upon its power of diminishing the nervous susceptibility of the human system, so as to render it for a time insusceptible of impression from the contagion.[1]

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[1] Intelligencer, for Jan. 1, 1838, p. 345.

[2] Good's Study of Medicine, vol. iii. p. 20. Cooper's edition.

M. Martini, in a paper published in the second volume, page 371, of the "Révue Médicale," also avows his belief in the preservative virtue of this substance; and M. Ibrelisle, a physician of Metz, who writes in the "Bulletin de la Societé d'Emulation," for April, 1823, p. 201, informs us that he has seen twelve children preserved by the belladonna from scarlatina, which had attacked two hundred and six others, in the midst of whom the twelve protected ones resided. Dr. Velsen, likewise, gave the substance in question to two hundred and forty-seven persons, of whom thirty-one only contracted the disease, although they were all equally exposed to its contagion. This physician prescribed two grains of the extract dissolved in two ounces of water combined with a little alcohol; and of this he ordered fifteen or twenty drops to be taken by each person daily. He remarks with justice that the employment of this means being attended with no danger, there can be little or no inconvenience in giving it a fair trial. In the "Journal des Progrès des Sciences Médicales," Vol. 1, p. 242, it is stated by Dr. Wagner, as the result of his experience, that comparing those who took the belladonna during the prevalence of an epidemic, with those who neglected to do so, of the former he lost only about *one* in *seventy*, whilst of the latter there died *one* in *three.* He states also that whole villages in Germany have been preserved from scarlet fever by the inhabitants taking the belladonna whilst the disease was raging in one at no great distance from them. I must confess, however, that I do not place much reliance upon the somewhat vague statements and loose experience of the last writer; but there is something more definite and conclusive, as well as more recent, in what M. Scoutetten has reported as being the experience of M. Fristo, of Scierck, in his "Compte rendu des travaux de la Société des Sciences Médicales du Departement de la Moselle," published at Metz, in 1830. M. Fristo, who observed an epidemic of scarlet fever in the village of Reimling, canton of Scierck, and arrondissement of Thionville, during the months of December, 1828, and January, 1829, derived, he relates, great advantage from the belladonna as a preservative means. The mortality here was very great, since out of about one hundred patients no less than eighty-three died. The extract of belladonna was given to twenty-two individuals, who, although they both resided and slept with those affected with the disease, were not attacked. Four children, he continues, living in two houses where there were persons labouring under the malady, did not take the belladonna; whilst in one of these houses, three others took it regularly every day. The four children who had not the benefit of the prophylactic became affected with scarlatina, and what is very remarkable, not one of the other three, though they were equally exposed to the contagion, became ill." "I could," adds this author, "cite many other similar examples which were followed with the same results; and now I never hesitate, in my rounds from house to house, to carry with me my remedy, being well assured that I can always arrest the epidemic." "At this date," (23d Jan. 1829,) he adds, "I have no more patients with scarlatina, and recently I have only seen one individual die of it, and this through the fault of his parents, who obstinately refused all aid whether of a preservative or a curative nature."[1] In addition to these authorities on this interesting subject, it would be wrong not to add that of Dr. Randhaken, Physician to the Orphan Hospital of Langendorf in Prussia, as quoted by Dr. A. T. Thomson,[2] who affirms that by the same means he exempted from the disease in question, one hundred and sixty children who were exposed to its contagion.

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[1] Gazette de Santé, Mars 1826.

These authorities, it will be observed, are all foreign: indeed they all have a German origin. I have not been able to find that any trial has been given to the alleged preservative efficacy of the belladonna in this country; nor, indeed, in the course of my reading have I observed that the subject has been mentioned at all by any English writer, except in a short notice by Mr. Samuel Cooper, in his edition of Dr. Good's Study of Medicine, already quoted; and in another by our learned associate, Professor Thomson, in his Elements of Materia Medica, though from its manifest importance, not only in a scientific but practical point of view, to schools and families, it certainly deserves a calm examination, and ought to be submitted to further experiment, not only in scarlatina, but perhaps also in the other contagious exanthemata.

I have to lament not only this lukewarmness and neglect on the part of British practitioners, but also that my own experience on the subject is as yet extremely limited. Indeed, what I have observed of the prophylactic power of the belladonna would perhaps not deserve any attention, if it stood alone; but when taken in conjunction with the facts detailed by our continental brethren, it may be considered to have a value which otherwise might not belong to it. Such as it is, however, I now beg leave to submit it to the society's consideration.

On the 4th of July last (1833), being the second day of her illness, I was called to visit a young lady whom I soon discovered to be labouring under scarlet fever in rather a severe form; sloughing throat, typhoid fever, and delirium, being among the symptoms. She was attended from the beginning by her mother, a hired nurse, her mother's maid, her own maid, and a house-maid, in all five persons, none of whom, I was told, had previously passed through the disease. The patient's brothers and sisters, at my suggestion and request, left the house on the second day of the complaint; her father remained, but did not, during the whole course of the disease, ascend higher in the house than the drawing-room floor, and the men-servants and others remained below, not being permitted to have any immediate commuication with the sick-chamber, which of course was on the bed-room floor. By these early precautions all the male individuals of the house escaped.

Recollecting the passage which I have quoted from the paper of Dr. Dusterburg, in Hufeland's journal, I resolved on testing the prophylactic powers of the belladonna in the persons of my patient's attendants, thinking, with Dr. Velsen, that if it did no good, it could not do any harm, if given in minute doses and with proper precautions. In accordance with this idea, then, from the beginning to the end of my attendance, two of the maids whom I have mentioned, viz. the lady's maid and the house-maid, regularly took the medicine in the dose directed by Dr. Dusterburg. The event was, in their cases, that, though they never had had the disease, and though they were as thoroughly exposed to the contagion as the other attendants, they completely escaped. Not so with regard to their mistress and the other attendants. The hired nurse, who was a stout healthy woman, and little more than thirty years of age, in consequence, I suppose, of that faith in her good fortune which had carried her through so many dangers, and which is often so useful a quality in such persons, refused to take the belladonna. The apparent consequence of her refusal was, that in a few days after her attendance had commenced, she became affected with the disease, and being obliged to relinquish her charge, she was sent to St. George's Hospital (whence she had been sent to us) through the kind intervention of Mr. Keate.

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[1] Revue Médicale, 1830, tom. iv. p. 343, as quoted in the "Dict. Univ. de Mat. Med." tom. i.

[2] Elements of Materia Medica.

Again, my patient's mother, who was most assiduous and exemplary in her attentions to her daughter, hoped to escape it, (though she never had had the disease,) chiefly, I believe, in consequence of her age, which, I think, was betwixt fifty and sixty; and she also declined availing herself of the medicine. The apparent consequence here again was, that just eight days after the commencement of her daughter's illness, she, too, became affected with the symptoms of the disorder, and was obliged to give up her affectionate attendance, and be attended to herself.

The lady's maid (one of those who took the medicine regularly) during the course of her mistress's illness, was constantly with her night and day, doing every necessary office about the sick-chamber. She, as I said before, escaped the disease, though so much exposed to the contagion. Lastly, the young lady's maid, who happened to be a sort of a fatalist in her philosophical opinions, and professed to believe that nothing could prevent her taking the disease if it was fore-ordained by Providence that she should have it, (forgetting that the *means* as well as the *end* are in all cases fixed and foreseen by the Deity) though she reluctantly took the belladonna occasionally, in partial obedience to my prescription and her mistress's injunctions, yet she did not use it with that regularity which seems to be necessary to its full success; for during the convalescence of the two ladies, whilst desquamation of the cuticle was going on in both cases, she was seized with fever and sore throat in a mild degree, with the usual white aphthous crusts upon the tonsils, which are characteristic of an incipient attack of scarlet fever. Dr. Chambers, who was in attendance with me on the other cases, saw this patient, and agreed with me in thinking that the sore throat was that of scarlatina, and that the young woman would have the disease, though probably in a very mild form. At the period, however, when the eruption ought to have made its appearance on the surface, none disclosed itself, and none ever did appear; and there was no subsequent desquamation of the cuticle, except a very little from one of her thumbs; just enough, perhaps, along with the incipient symptoms, to prove the identity of the complaint. She recovered rapidly.

The following summary will place before the society at one view the results of this experiment:—

1st. The mother and the sick nurse who took no belladonna, and remained unprotected by it, both took the disease, the one severely, the other mildly.

2. The young lady's maid, who took the medicine *partially*, seemed to remain only *partially* protected. She became affected with the first symptoms of the complaint, but in her case it seemed to be so modified and restrained as not to be able fully to develope itself.

3d. The two young women who began to take the belladonna as soon as it was prescribed, and continued so doing throughout their attendance, (which I may remark was extended to all the three patients,) passed through the ordeal unaffected by it.

I require not to be told how fallacious very often such experience in medicine is; and it will be very easy for those gentlemen who may take a part in this discussion to give a plausible (and perhaps true) explanation of the various phenomena which I have detailed, upon the principle of the various predispositions and susceptibilities of the persons who were the subjects of the experiment, to this particular malady; yet, notwithstanding the force of this argument—strong, if my experience stood alone and unsupported—I cannot help considering the result, when viewed as confirmatory of the more extensive experience of our medical brethren in Germany, as very interesting, and fully to justify me in bringing the subject before this society.

The dose of the medicine which I employed was twenty drops every night of a solution of eight grains of the extract of belladonna in an ounce of dill-water.

I did not perceive that the belladonna in these cases produced its usual effects on the pupils; nor even "des coliques, de la diarrhœa, des sueurs, et des urines abondantes," which a writer in the Dictionnaire Universelle de Matière Médicale is disposed to attribute its prophylactic effects to; but in one of the cases some degree of headache and giddiness was complained of, which was probably caused by the narcotic.

Neither did any artificial eruptive disease, similar or analogous to the scarlet fever, and to the occurrence of which Dr. Hahnemann, upon homœopathic principles, attributes the prophylactic effects of belladonna against the real disease, make its appearance in any of these cases; so that the belladonna, if it really had any effect at all, produced that effect silently and secretly, without evidencing its operation by any outward or visible sign. It would appear, however, from Dr. A. T. Thomson's remarks in the work I formerly alluded to, that this substance really has the effect, in some instances, of producing a scarlet efflorescence on the surface of the body, as stated by Hahnemann; for he states that he has given it as a remedy in hooping-cough, and that while the efflorescence continues, the cough remains absent; but that it returns as soon as the redness, with the other symptoms, disappears. But the numerous German authorities whom I have quoted make no mention of the efflorescence being necessary to the protecting efficacy of the belladonna; and, therefore, we may presume that all that is required for the alleged effect is a sufficient influence being exerted upon the nervous system by the narcotic principle of the plant, as shall render it unsusceptible for a time of being affected by the contagious *effluvia.*[1]

BIBLIOGRAPHICAL NOTICES.

Professor Cross's Inaugural Discourse.[2]

The subject selected by Professor Cross is a good one; and it has been well managed by him. As a written production, it is not too long; but we should say, from our own experience in this matter, that both the discourse before us and some others that we have lately seen, must have been wanting in their effect, in consequence of their demanding too sustained attention on the part of the audience. No matter what may be the intrinsic merits of an introductory lecture, it cannot be listened to with entire satisfaction for more than an hour.

The lecturer well depicts the folly of supposing that the period of study is terminated by the acquisition of a degree; ridicules some of the notions connected with *experience*, on which so many, of an erroneous nature, are entertained; exhibits the value of scientific knowledge, and maintains the dignity and benevolence of the profession; inculcates the study of the natural sciences, and especially of comparative anatomy and physiology, and of the moral and physical sciences; and concludes with some judicious advice to the student on the importance and advantage of devotion to the acquisition of knowledge.

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[1] London Medical Gazette, Dec. 2, 1837, p. 363.

[2] An Inaugural Discourse on the Value of Time and the Importance of Study to the Physician. By John Conquest Cross, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence in the Medical Department of Transylvania University, &c. 8vo, pp. 34. Lexington, 1837.

"Of one thing you may rest assured; whatever may be your success in life, in the treatment you may receive from the public, whether you revel in the arms of prosperity or sink under the iron hand of affliction, you will never look back with an emotion of regret or a pang of remorse to the time you may spend in the pursuit of knowledge.

"If through a series of years you zealously and assiduously cultivate science, you will not have to deplore tortures needlessly inflicted—you will not shrink from the ordeal of a strict scrutiny into your conduct, nor will your heart be wrung with anguish for the many valuable lives sacrificed on the altar of ignorance and cupidity. Let it, therefore, be your fixed and unalterable resolve to devote your lives to medicine, as the only source from which you expect fame and fortune. Let your devotion be undivided and exclusive. Be not debauched from your allegiance to it by the blandishments of pleasure or the allurements of gain. Defraud not those who put their health and happiness in the keeping of your science and skill, of that time and attention which should be employed in rendering you day after day more and more deserving of the confidence reposed in you. If of this you find yourselves incapable, relinquish at once a heavily responsible calling, in which you never can excel. Attempt not to follow a profession of which you will be the disgrace, nor fraudulently to appropriate emoluments to which you can establish no just claim. If in after life you find your ardour cooling—if you discover its practice becoming a mechanical instead of an intellectual employment, surrender it at once into the hands of those whose skill and science are more to be relied on. This is a course which reason and justice dictate, and which conscience, properly interpreted, would strictly enforce."—p. 34.

Dr. Warrington's Oration.[1]

It is customary with the Philadelphia Medical Society to appoint one of its members annually to deliver an address. This custom gave occasion to the historical oration before us; the subject of which is a brief review of the progress of medicine from its earliest periods up to the present day.

Chase on Hernia.[2]

In speaking, in another work,[3] of the treatise on the Radical Cure of Hernia, which was published by Dr. Chase upwards of a year ago, we stated our opinion, that "the author had evidently thoroughly studied his subject," and that his explanations were so perspicuous, that no doubt ought to remain on the mind of the reader regarding the principle or position which he was desirous of enforcing.

The long title of the "Final Report" indicates its object; and it is not less worthy the attention of the profession than the former. We strongly recommend its perusal to every surgeon.

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[1] An Oration on the Improvements of Medicine, delivered before the Philadelphia Medical Society, Twelfth month, 13th, 1837. By Joseph Warrington, M. D., Honorary Member of the Society, and Accoucheur to the Philadelphia Dispensary. Published by order of the society. 8vo, pp. 28. Philadelphia, 1837.

[2] The Final Report of the Committee of the Philadelphia Medical Society on the Construction of Instruments, and their mode of acting on the radical cure of Hernia: (from three years' observation): accompanied by a collation of the principal facts contained in the preliminary report: with notes, illustrations, and additional cases of hernia, and diseases resembling hernia; also illustrations of certain instruments designed for the treatment of other diseases affecting similar parts. By Heber Chase, M. D., Member of the Academy of Natural Sciences, Honorary Member of the Philadelphia Medical Society, &c., (with a motto). 8vo, pp. 243. Philadelphia, 1837.

[3] The Medical Student, &c. p. 274. Philadelphia, 1837.

The report of the committee, of which Dr. Reynell Coates was chairman, is highly creditable to them. No one can peruse it without acknowledging their admirable fitness for the task.

Medical College of Ohio.—From the report made to the legislature of Ohio, we discover that the number of students attending that establishment is eighty. This must be regarded as decided success, when it is borne in mind, that whilst Professor Locke was in Europe, every professor of the college resigned his situation except Dr. Morehead; and that the Louisville Medical Institute promulgated their belief openly that Professor Locke would unite with them.

The report shows that the institution is well provided with books and apparatus.

The present professors are:—Dr. Jared B. Kirtland, Professor of Theory and Practice; Dr. R. D. Muzzey, assisted by Dr. Delamater, Lecturers on Surgery; Dr. M. B. Wright, Professor of Materia Medica; Dr. John S. Shotwell, Professor of Anatomy and Physiology; Dr. John Morehead, Professor of Obstetrics and the Diseases of Women and Children; and Dr. John Locke, Professor of Chemistry and Pharmacy.

College of Physicians and Surgeons of the Western District of New York.—The circular and catalogue of the faculty and students exhibit that the number of students in attendance there is one hundred and forty-two. The faculty are, Dr. W. Willoughby, of Newport, Herkimer County; Dr. James Hadley, of Fairfield, Herkimer County; Dr. T. R. Beck, of Albany; Dr. J. McNaughton, of Albany; Dr. John Delamater, of Fairfield; and Dr. Reuben D. Mussey, of Hanover, New Hampshire.

BOOKS RECEIVED.

From the Author.—The Philadelphia Practice of Midwifery. By Charles D. Meigs, M. D., Lecturer on Midwifery and the Diseases of Women and Children, Member of the American Philosophical Society, and of the Philadelphia Medical Society. With numerous engravings. Small 8vo, pp. 370. Philadelphia, 1838.

[We shall notice this useful work in our next number. In the mean time we recommend it to the attention of our professional brethren.]

From the Author.—On the Use and Abuse of the Pessary. By John T. Sharpless, M. D., of Philadelphia. Read before the Philadelphia College of Physicians, Dec. 4, 1837. Published in the Eclectic Journal of Medicine, edited by John Bell, M. D. 8vo, pp. 12.

From Prof. Jacob Green.—A Catalogue of Plants, native or naturalised, in the vicinity of Newbern, North Carolina; with remarks and synonyms. By H. B. Croom, A. M., Esq., Member of the Literary and Philosophical Society of South Carolina, Corresponding Member of the Academy of Natural Sciences of Philadelphia, and of the New York Lyceum of Natural History. 8vo, pp. 52.

[The author of this catalogue, who appears to have been a most estimable man, and a zealous cultivator of natural science, perished, with his wife and three children, in the steampacket Home. The catastrophe is fresh in the minds of our readers.

The preface, comprising a biographical Sketch of the deceased, is by Dr. Torrey, of New York.]

THE

AMERICAN MEDICAL INTELLIGENCER.

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Art. I.—CASE OF BRONCHITIS WITH INTOLERABLE FETID EXPECTORATION.

BY S. A. COOK, M. D.,

Buskirk's Bridge, January 20, 1838.

On a former occasion[1] I gave a detailed description of a case of "Bronchitis with Intolerably Fetid Expectoration," and stated that I had seen "two other cases of a similar character." Having been enabled to obtain a history of one of those cases, and believing it not devoid of interest, I forward it to you for the "Intelligencer." It is extracted from a diary kept by a son of the patient; now the Rev. Walter Long.

Case.—Edward Long, aged forty-four years, farmer, after several weeks of moderate indisposition, was attacked, Aug. 27, 1832, with acute pain in the side (of the chest), severe paroxysmal cough, difficult and scanty expectoration of dark coloured and fetid mucus, accompanied with the expiration of an extremely fetid gas. These symptoms continued about a week, when the expectoration became free, without any diminution of the fetor, or abatement of the severity of the paroxysms of coughing; some of them continuing several hours without cessation. This disease partook much of the character of Van Buskirk's case, and continued, waxing and waning in its severity, till the next spring, when he began to improve, and by the latter part of June was able to take charge of his business. He expectorated blood in moderate quantities several times during the winter, and also a cheesy substance, which, though frequently in fragments, occasionally came up whole, in a form which the patient compared to that of a tooth, (pyramidal); and which his physician, Dr. Dorr, "thought might be tubercles partially softened."

The treatment was every thing which the ingenuity of man, learned or unlearned, could suggest. At the commencement the symptoms were inflammatory, and venesection, revellents, warm bathing and anodynes, produced partial relief. Through the whole course of the disease anodynes afforded temporary alleviation of the more violent symptoms, and materially lessened the quantity of matter expectorated, when combined with acetas plumbi; which latter, however, he was soon compelled to forego, owing to the violent irritation of the bowels which followed its use. He also attributes much efficacy to the inhaling of chlorine, which he continued a long time.

Mr. Long's case differs from Van Buskirk's in its longer duration; in its probable complications, evinced by the expectoration of blood and of an organised substance, (which probably contributed to render its course more chronic.) Yet its general character affords abundant evidence that they both originated in the same pathological state, and that their shades of dissimilarity were owing to fortuitous circumstances wholly unconnected with the disease.

It would unquestionably be to the advantage of medical science could the exact pathology of these interesting cases be ascertained. Yet I cannot seriously regret our ignorance while this knowledge can only be obtained through the failure of treatment, and the consequent destruction of human life. In a note appended to the Van Buskirk case,[1] the editor of the "Intelligencer" suggests the probability of its being a case of dilated bronchia, similar to some alluded to in "Bricheteau's Medical Clinics." Let us examine the characteristics of this pathological state as described by some of our most approved writers, and see how far the comparison holds good.

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[1] American Medical Intelligencer, July 1, 1837, p. 121.

The language of Bricheteau is, "Vomica may likewise owe its origin to a purulent collection, formed in a dilated bronchus. The pus gradually collects in this accidental cavity, and is expelled at once when its presence becomes a sufficient cause of excitation to provoke a fit of coughing. This pus, according to M. Chomel, is usually remarkably fetid."[2]

On the same subject Laennec says,—"In cases even of the most extensive dilatation, the symptoms rarely indicate the severity of the disease. Most commonly there is neither fever (at least continued fever) nor emaciation; and if the patient is not obliged to undergo severe bodily labour, he is scarcely sensible of any diminution of strength. Even the respiration is not impeded, except under the influence of quick and rapidly renewed movements. The expectoration is not more characteristic. When the dilatation is very extensive, it is extremely copious. It is (not) always mucous, but occasionally resembles the discharge in the last stage of the acute catarrh, and sometimes it is quite puriform. It is generally without smell, but occasionally has the colour of pus of good or bad character. The secretion is sometimes so copious as to simulate the rupture of a vomica."[3]

Stokes, after endeavouring to point out the physical signs by which this pathological state may be detected, divides "the cases of this disease which have been described by authors into three classes."

(*a*) "Cases in which symptoms of chronic catarrh, with copious expectoration, have existed for a number of years, varying from ten to fifty, or even more, and without the constitutional symptoms of phthisis."

(*b*) "Cases presenting the symptoms of phthisis, in which the constitution suffers severely; the disease may last from five months to five or even ten years."

(*c*) "Cases which may be termed acute. These are to be observed in children after hooping-cough, and the disease has occurred in three months."[4]

From the above extracts it would appear that the pathological state mentioned by Bricheteau is,—

1. A secondary disease; the consequence of a chronic inflammation of the bronchial tubes, modified by peculiar circumstances; and which Stokes compares to that diseased action of the arterial system which results in true aneurism.
2. That in adults it is usually, if not always, chronic; lasting a number of years without producing any very marked effect on the constitution, unless complicated with a tubercular habit, and even here it might be considered questionable whether the progress of the disease is hastened by it.
3. That where it has been observed to be acute, it has followed hooping-cough in the weak and irritable habits of children.
4. That the fetor, when existing, is caused by the character of the pus, whether healthy or unhealthy. And
5. That it may safely be inferred from its nature, that it is a disease not likely to terminate spontaneously in health; and that it is not much under the control of remedies.

On the contrary, these cases were preceded by no severe or long-continued disease, indicating that structural change might be taking place in an important organ. Both of the patients were able to attend to their business up to the time of attack. The disease assumed its characteristic symptoms (paroxysmal cough and fetid breath) at the very commencement, and long before expectoration was established. The gas expired in respiration possessed all the peculiar fetor of the matter thrown out from the lungs after expectoration became free and easy. The fetor was, indeed, a fetor *sui generis*, and made an impression on the olfactories of the attendants that will not soon be forgotten. The odour was somewhat similar, though incomparably more pungent, to that produced upon the breath by mercurial ptyalism.

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[1] American Medical Intelligencer, July 1, 1837, p. 121.

[2] Bricheteau's Medical Clinics. Library edition, p. 41.

[3] Laennec on the Diseases of the Chest, &c. New York edition, 1832, p. 111-12.

[4] Stokes on Diseases of the Chest. Library edition, p. 112.

Mr. Van Buskirk had for years previous suffered from some derangement of the digestive organs, and was subject to periodical attacks; but of its nature I am unable to judge, having never witnessed any of these periodical visitations, or examined him with regard to its particular history. He was sensible from the commencement that the disease, which I have described, was different from any thing he had ever before experienced. His health, I have been informed, has been since much as it was before. Mr. Long is now in the enjoyment of robust health, and has no cough except from occasional colds.

In conclusion, I am induced to believe that these were cases of bronchitis possessing their own peculiar character, modified by causes as yet unknown, and possessing a pathology about which it is perhaps idle to speculate, as we must still acknowledge our ignorance.

ART. II.—ON SUDAMINA.

The following remarks have been made in a recent French periodical,[1] by M. J. A. Henroz, on the results of cases in the wards of the Hôpital La Charité, Paris, which are under the care of M. Bouillaud.

The variety of contradictory opinions which we encounter in the study of typhoid entero-mesenteritis, not only in the explanation of its different phenomena, but also in their pure and simple observation, is very striking. This divergency amongst writers is so much the more remarkable, as this disease is one of those which exhibits most frequently its anatomical and physiological characters under the immediate observation of the physician, and that in this very metropolis. Denomination, seat, nature, symptoms, treatment, every thing, in a word, in this affection, unfortunately so common, has served as foundation for the most opposite assertions. Even the sudamina bear the impression of the disagreement which weighs fatally on every thing relating to this disease.

According to some, this expression, *sudamina*, is opposed to its etymology, and holds forth in a false light that which it represents. Thus M. Louis wrote, in his *Recherches sur la Gastro-Enterite, &c.* (vol. ii., p. 243 and sec. 9), that the sudamina were not exactly in constant relation with the sweats; they were sometimes in an inverse ratio with the latter, numerous when they had been abundant, and reciprocally. The sweats were not then the most important of the circumstances which concurred in their development, so that it must be admitted that they belong to an affection of the skin not until now appreciated. Under this point of view the sudamina appear to me a fact of much importance in the history of the typhoid affection. By means of a fatality which I cannot sufficiently regret, I have but investigated them in nine subjects (dead), six of whom only, or two thirds, presented a greater or less quantity of them. And, nevertheless, this proportion, drawn from so small a number of facts, is very probably, as will be seen presently, *the truth.* . . . . . The sudamina recurred in fourteen of the twenty-one (cured) who were seriously affected, that is to say, in the same proportion as those who sunk under it. As with the latter, I did not observe them before the twelfth day of the affection. . . . . . In short they were not in a constant relation with the sweats.

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[1] La Lancette Française, No. 86, Juillet 22, 1837.

"The proportion of the cases in which there was sudamina was also the same with the patients (cured) who were slightly affected. . . . . But they were not very multiplied with any of them; and in none could the epidermis in the intervals be raised with the facility of which we shall speak presently (serious cases). This difference, although slight, seems to me to corroborate what I have said on the principal condition of the development of the sudamina, an unknown alteration of the skin, which ought to be more considerable in cases where the affection is serious than in those in which it is slight.

"As the sudamina are as frequent in slight as in serious cases, must we conclude that this eruption has, like that of the rose-coloured lenticular spots, something specific in the typhoid affection?

"The rarity of the sudamina in subjects affected with acute diseases not typhoid, who have had copious sweats, confirms the preceding inductions on the most important condition of the development of the sudamina. . . . . The affections in whose course I have not observed them are intermittent fevers, pulmonary catarrh, peripneumony," &c.

The same author says, in his *Recherches sur la Phthisie*, "that he has sometimes seen sudamina in the consumptive," without stating any thing precise thereupon, which would have been decidedly preferable. Here, then, the sudamina, which are not explained by the sweats, are very clearly explained by an unknown alteration of the skin, linked with the existence of typhoid fever, and almost raised to the grade of a specific symptom of this disease.

M. Andral is far from finding more connection between the sweats and vesicular eruption of the skin. It may be judged of by the following passage extracted from his clinic:—

"It is reasonable to believe," says he, "that the sudamina cannot occur without a special disposition of the skin, either physiological or pathological."

These assertions, so positive, on a fact so easy to observe, leave no doubt in the mind, and we may consider the thing as finally decided in the works of the physicians whom I have just cited; as the circumstances which surround their opinions remove all suspicion of error. However, this opinion is not in complete accordance with the facts; daily, at La Charité, experience scrupulously interrogated proves it to be false; daily, at the bed-side of the patient, it receives the most formal disproval. As a proof of what I advance, I may give a table in which is marked, during one of the last days, the actual state of each of the patients under the attendance of M. Bouillaud, considered relative to the sweats and sudamina.

THE MEN'S WARD.

1. Pulmonary consumption.—Sweats; sudamina very abundant.
2. Inflammatory tumour in the ileo-cœcal region.—No sweats; no sudamina.
3. Confluent small-pox (period of desiccation).—Sweats; sudamina on the neck, in the clavicular region, and on the abdomen.
4. Laryngeal phthisis (ulcerated chronic laryngitis).—No sweats; no sudamina.
5. Acute pleuro-pneumony.—Very copious and prolonged sweats; number of sudamina on the neck and trunk.
6. Severe measles.—Dryness of the skin; no sudamina.
7. Typhoid entero-mesenteritis.—Dryness of skin; no sudamina.

8. Pleurisy, with effusion.—Sweats, especially in the head and neck; sudamina numerous on the sides of the neck above and below the clavicles.

9. No actual disease.—No sweats; no sudamina.

10. Acute pleuro-pneumonia.—Sweats very copious and prolonged; confluent eruption of sudamina on the neck and over all the trunk.

11. Convalescence from a pleuro-pneumonia, with copious sweats.—Numerous sudamina.

12. Nothing remarkable.

13. Pleurisy, with effusion.—Sweats; eruption of sudamina on the neck and trunk.

14. Nothing remarkable.

15. Pleurisy.—Moderate sweats; some sudamina towards the axilla.

16. Phlebitis and phlegmonous erysipelas in both arms.—No sweats; no sudamina.

17. Chronic catarrh, and, from the first, acute pleuro-pneumonia.—Sweats; sudamina numerous.

18. Cured, after twelve days, of a pneumonia.—No sweats; no sudamina.

19. No actual disease.—Not examined.

20. Erysipelas of the face.—No sweats; no sudamina.

21. Acute articular rheumatism.—Sweats slight; some sudamina in the clavicular region.

22. Nothing remarkable.

23. Emphysema of the lung.—No sweats; no sudamina.

24. Sporadic cholera.—No sweats; no sudamina.

25. Being discharged.—Not examined.

26. Hypertrophy of the heart and thickening of the valves.—No sweats; no sudamina.

FEMALE WARD.

1. Aneurism of the abdominal aorta.—Not examined.

2. Slight case of small-pox.—No sweats; no sudamina.

3. Chlorosis.—No sweats; no sudamina.

4. No actual disease.—No sweats; no sudamina.

5. Chlorosis, and, at the same time hypertrophy of the heart, and thickening of the valves.—No sweats; no sudamina.

6. Gastric enteritis (gastric derangement).—No sweats; no sudamina.

7. Hypertrophy of the heart, thickening of the valves, and narrowing of the left auriculo-ventricular orifice, chlorosis.—No sweats; no sudamina.

8. Slight bronchitis.—No sweats; no sudamina.

9. Hypertrophy of the heart and fibro-cartilaginous thickening of the valves.—No sweats; no sudamina.

10. Anemia, marasmus.—No sweats; no sudamina.

11. Jaundice, probably consequent on organic lesion of the liver.—Sweats; sudamina, and miliary eruption in the region of the clavicles; sudamina only at the pit of the stomach.

12. Symptoms of irritation or gastric derangement.—No sweats; no sudamina.

13. Measles.—No sweats; no sudamina.

14. Chronic bronchitis, and perhaps incipient tuberculisation.—Slightly abundant and partial sweats on the neck and chest; sudamina scarce in the parts where the sweats occur.

It follows, then, from these data, that the negative as well as the positive facts concur in establishing that there were the closest connections between the sweats and sudamina in the cases pointed out; and that the sudamina occurred in the most different diseases, pulmonary consumption, small-pox, acute pleuro-pneumonia, pleurisy with effusion, chronic catarrh, acute articular rheumatism, jaundice, chronic bronchitis, accompanied with a sweating state; while no trace of it was to be met with in a subject affected with typhoid entero-mesenteritis, whose skin remained dry. But this observation was not the only one; for a length of time it was repeated at every visit, before witnesses, and constantly the same results were arrived at,—I say constantly, for it would be absurd to consider some very rare exceptions as invalidating a general rule. How, then, could M. Louis have written that he had not observed sudamina in pulmonary catarrh, peripneumonia, &c., if he had paid scrupulous attention to the subject? How could he advance that sweats are not the most important of those circumstances which concur in the development of sudamina, when, at every period and wherever there are patients, the most simple examination will prove the contrary? that is to say, that this cutaneous eruption will be discovered in almost every individual who has prolonged sweats, however different the disease may be under which he labours,—that is to say, again, that in general subjects who do not sweat actually and who have not sweated antecedently, will not present any vestige of them, whether they be affected with typhoid fever or not. Yes, when M. Louis asserted this he might have easily convinced himself that what he said of sudamina is radically erroneous; that their development may be accounted for without borrowing the mysterious assistance of an unknown alteration of the skin; that they are to be met with not only after the twelfth day of the disease and in two thirds of individuals affected with typhoid fever, but when they sweat, and in those only; that they do not bear direct relation to the severity of the typhoid fever, but really to the abundance of the sweats; that they are far from being a fact of much importance in the history of typhoid fever, and still less any thing specific; that they exist in chronic catarrh, peripneumonia, jaundice, &c., as in typhoid fever with determinate circumstances, and which are the same; that, finally, his inductions on the most important condition of the development of sudamina have the misfortune of being false in every particular, because they repose on an imaginary basis.

To sum up, an exact and consecutive observation has clearly demonstrated to M. Bouillaud and to those who have frequented his clinics for several years,—

1. That sudamina have no particular relation to typhoid entero-mesenteritis.
2. That they are intimately connected with the actual or antecedent existence of prolonged sweats, without distinction of diseases, so that one may almost always conclude as to the presence of the one from that of the other.
3. That they are in constant relation with the sweats, numerous when they have been copious, and scarce in opposite cases.
4. That the same relations exist in the different regions of the body; that is to say, that they are abundant in the points where the sweats accumulate, and reciprocally.

ART. III.—ON TRANSPLANTING THE CORNEA TO RELIEVE BLINDNESS.

Although we have before us the original article by Dr. S. L. L. Bigger,[1] we prefer adopting the following abstract of the paper from the pages of the last number of a valued British cotemporary.[2]

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The title of this paper will startle those who are not familiar with the feats performed by modern ophthalmologists for the relief of imperfections of the organ of vision. The paper itself, however, may probably be referred to hereafter, in a more advanced stage of ocular surgery, as a record of an early attempt at effecting a bold design, eventually rendered successful by the improvements of time. The operation contemplated by Dr. Bigger, that of "excising the morbid cornea, and replacing it by a healthy structure, taken from some of the inferior animals," is not an original one, having been previously attempted by several surgeons in Germany, on the inferior animals, and with partial success. Dr. Bigger has followed up the practice to a much greater extent, and, from an improved method, with more success than his predecessors. Still the results of his experiments prove that much is yet wanting to render the operation one that can be relied on with much confidence. We think, however, that Dr. B. deserves the greatest credit for his bold and ingenious attempts to remedy one of the most lamentable of ailments. No attempt has yet been made to extend the operation to the human eye. The following extracts from the report of Dr. Bigger's paper contain: (1), an account of the manner of performing this curious operation; (2), the results of the operator's last experiments; and (3), Dr. B.'s conjectures respecting the applicability of the operation to the human eye.

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[1] Dublin Journal of Medical Science, July, 1837.

[2] British and Foreign Medical Review, No. 8, p. 537, for Oct., 1837.

1. "Having fixed, with a ligature, the upper eyelid of the animal from which the cornea is to be taken, he introduces Beer's cataract knife (holding it horizontally, and at first directing it a little backwards, so as to ensure its passing through all the layers of the cornea,) with its edge turned upwards, into that part of the cornea situated about a line or more from its most inferior junction with the sclerotic, and about the same distance external to the mesial line of the eye. He then pushes on the knife for the space of one or two lines, inclining the handle so that the point of the knife may be brought forward and caused to pierce the cornea again, at a distance as small as possible from the point of entrance. The knife should now be pushed on, when it will make as large a section as may be required, which being turned down is to be cut off with a pair of scissors. The eyelids are then to be closed, to prevent the escape of the crystalline lens and vitreous humour. The excised cornea should be placed on a slip of cork, and the curved needles, carrying very fine ligatures, (two, three, or four in number,) should be passed through the cornea and the piece of cork. The latter, which has been chiefly used as a support to enable the operator to pass the needles through the tough layers of the cornea, should then be broken off, and the cut surfaces of the cornea should be kept moistened with some of the secretion from the eye. The surgeon then proceeds to perform the same operation on the eye to which the cornea is intended to be transplanted. Having done this, and closed the lids for a few moments, until the spasmodic action of the muscles of the eye diminishes, the operator proceeds to adapt the cornea to its new situation, and for this purpose inserts the point of his needle carefully between the margin of the now prolapsed iris and the remains of the cornea, and pressing externally with the nail of the other forefinger against the point of the needle, so as to make it pass through the cornea without dragging or injuring the eye, draws out the needle. To accomplish the latter object, Dr. Bigger was often obliged to use a small forceps, and in this case, the thumb and finger nails of the other hand must be pressed closely and firmly against the cornea on either side of the needle, to obviate any injurious disturbance or dragging of the eye. The ligatures should then be carefully tied and the ends cut off. Dr. Bigger has found two ligatures to answer the purpose quite as well as four. Finally, the operator clears away any lymph or blood which may have collected on the eye, and concludes the operation by smearing the eyelids with a little spermaceti ointment."

2. "On his return to Dublin, Dr. Bigger commenced his experiments anew; of these he has now performed eighteen. The subjects of the first and last, two rabbits, were presented before an evening meeting of the King and Queen's College of Physicians, on the 18th of May last. They were examined with great interest by the members and visiters present, and the degree of vision which one of them evidently possessed, reflects the highest credit on the ingenuity, patience, and manual dexterity of the scientific operator. The results of these eighteen experiments were: in ten, the iris was injured; in eleven, the crystalline lens escaped; in seventeen, union

took place between the implanted cornea and the adjacent surfaces in forty-eight hours, so as to admit of the withdrawal of the ligatures, which are always a great source of irritation; in four, three ligatures were employed; in fourteen, only two, and with equally favourable results; in twelve, adhesion of the iris to some part of the cicatrix ensued; in one, sloughing of the cornea and destruction of the eye took place, an event which arose from the cornea being kept for half an hour without applying it, with the view of ascertaining how long it would be likely to retain a sufficient degree of vitality to enable it to unite. Of the whole eighteen experimented on, sixteen recovered imperfect vision. The difficulty of performing the experiment in such a way as to afford a chance of preserving the transparency of the implanted cornea, was a source of much disappointment to Dr. Bigger, and for a long period he could not succeed in devising any means for this purpose, until after his eighth experiment at home, when he discovered that much benefit might be derived from the local application of bichloride of mercury. A weak solution of this salt, gradually increased to the extent of three grains to the ounce of distilled water, and dropped into the eye three or four times a day, after the cornea had become adherent, was found by him to exercise an almost specific action in diminishing the opacity of the implanted cornea."

3. "With reference to the applicability of the operation to the human species, Dr. Bigger observed, that he thought that in man the chances of success would be greater, at least so far as steadiness during the operation, avoidance of injury, and other obvious circumstances, might contribute to that desirable end. With respect to the animal from which the cornea would be taken in the case of the human subject, Dr. Bigger has not yet decided, and invites the attention of comparative anatomists to this point of the investigation. The animal whose cornea he has found to make the nearest approach to that of man is the pig; it is, however, much thicker and coarser in its texture. In a spirit of just and humane feeling, he deprecates the removal of the cornea from the human eye, even when permitted for gain by the possessor; but thinks that a person afflicted with incurable amaurosis might be prevailed on to part with his pellucid cornea, which might be replaced by one taken from some of the inferior animals. He thinks, however, that the operation should not be sanctioned under any circumstances, when the patient enjoys even a tolerable degree of vision with the other eye, at least until our knowledge has been increased by further experiments and observations. He is of opinion that cases of blindness caused by small-pox, ulcers on the cornea, and ophthalmia not affecting the deeper structures of the eye, would be the most favourable for operation."

BIBLIOGRAPHICAL NOTICES.

Mr. Meredith's Minute on the Late Dr. Physick.[1]

At a special meeting of the board of trustees of the University of Pennsylvania, held immediately after the decease of Dr. Physick, it was resolved, among other matters, "that a committee be appointed to prepare and present, at the next stated meeting of this board, a comprehensive minute; to state the long connection of the deceased with this University; and to express the respect entertained for his able and faithful services as a teacher; for his eminence as a practitioner of medicine; and for the virtues which adorned his private character." The committee appointed were,—Mr.

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[1] A Comprehensive Minute, commemorative of Philip Syng Physick, M. D., Emeritus Professer of Anatomy and Surgery in the University of Pennsylvania. 8vo, pp. 14. Philadelphia, 1838.

Meredith, Judge Hopkinson, Dr. Mayer, and Mr. Gibson. From this "Minute" we learn, that the distinguished physician was born in Philadelphia on the 7th of July, 1768, and that he obtained his academical instruction in the collegiate department of the university. The study of medicine he began with Dr. Kuhn, who had been the Professor of Materia Medica and Botany from the commencement of the medical school. In 1788, he accompanied his father to London, and was placed under the care of John Hunter, by whose influence he was made House Surgeon to St. George's Hospital "over many competitors with powerful patronage." In 1791, he was received amongst the members of the Royal College of Surgeons of London, after which he went to Edinburgh and graduated. He then returned to Philadelphia—in 1792—and commenced the practice of his profession, devoting himself more especially to surgery. In the fatal epidemic of 1793, he was brought into general notice and respect, and was appointed Resident Physician of the Yellow Fever Hospital, at Bush Hill, which establishment was kept open so long as was necessary. In 1794, he was chosen Surgeon to the Pennsylvania Hospital, and continued to fulfil this important function for twenty-two years. In the same year he was appointed Prescribing Physician to the Philadelphia Dispensary. He was for a long time, also, Surgeon to the Alms House Infirmary, Surgeon to the Institution for the Blind, and President of the Medical Society. In 1802, he was elected a member of the American Philosophical Society; and in 1836 the Royal Medical and Chirurgical Society of London transmitted him its honorary diploma.

Dr. Physick's direct connection with the Medical School of the University of Pennsylvania commenced in June, 1805, when he succeeded Dr. William Shippen and Dr. Wistar in the Chair of Surgery. In July, 1819, he was elected to the Chair of Anatomy, vacant by the death of Dr. Dorsey, where he remained until 1831, when owing to declining health he was compelled to withdraw from its duties, and to tender his resignation; on the acceptance of which by the board of trustees he was unanimously chosen Emeritus Professor of Surgery and Anatomy,—"A compliment," adds the author of the minute before us, "(the first of its kind here) for the bestowing of which *policy* might have sufficed, for his *name* was a *pillar of strength.* But the main design was to render a *signal* honour, and so it was received."

Such are some of the historical circumstances, connected with the life of Dr. Physick, referred to by the committee. The "Minute" concludes with a eulogium on the virtues and professional qualifications of the illustrious deceased, of whose services to medicine we have already expressed our exalted opinion. The minute is of course eulogical, but not more so than the occasion demanded; and its whole tone is indicative of the warm friend and admirer of the deceased, and, at the same time, of the accomplished gentleman.

Professor Cabell's Introductory Lecture.[1]

On the appointment of Professor Cabell to the chair of Anatomy and Surgery in the University of Virginia, we expressed our decided opinion as to his qualifications—natural and acquired—for the situation; and at the same time remarked, that, although untried as a lecturer, he could scarcely fail to succeed. The lecture before us is the first which he delivered to the class on taking possession of the chair to which he had been appointed, and every candid individual must unhesitatingly admit, that none could have been better adapted to the occasion, or could give fairer promise that the subsequent course will be eminently satisfactory.

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[1] Lecture Introductory to the Course on Anatomy and Surgery, in the University of Virginia, for the session of 1837–8. By J. L. Cabell, M. D. Published by the members of the class. 8vo, pp. 16. Charlottesville, 1838.

The subjects touched upon by the lecturer are intimately connected with the departments which are assigned to him in the school; but he dwells chiefly on those divisions of anatomical science, "which are too much neglected in most schools of medicine,"—general anatomy, pathological anatomy, and surgical anatomy.

In the concluding portion of the discourse, he points out the plan which he purposes to follow in teaching anatomy and surgery, with some remarks upon the qualifications of the surgeon.

The style of the discourse is worthy of commendation. It is English, terse and appropriate,—which cannot be said of several of those periodical productions that emanate from the chairs of our medical and other schools.

Sharpless on the Pessary.[1]

Most of our readers are aware that whilst some practitioners discard the pessary altogether in cases of prolapsus or procidentia uteri, others regard it the best agent that can be employed. The object of the author of this practical paper is to show, that, although often *abused*, it is capable of being used very frequently with eminent advantage in such cases. The ordinary flat pessary Dr. Sharpless considers almost useless from its thinness, and he therefore selects those that are an inch in thickness, with just depression enough to give a bed to the neck of the uterus and to lead the secretions through the aperture. When he has occasion to employ a globe, he prefers one of glass, without any aperture, "the weight of this shaped instrument being of little consequence, although of much importance in the flat."

The following are Dr. Sharpless's concluding observations:—

"Under the impression that certain symptoms are always caused by prolapsus, and that for this lesion a mechanical support is indispensable, some physicians, without investigating the particular causes that may originate the distress, and the *exact* condition of the parts, have introduced a pessary themselves or given it to the patient to use. In *every* case, even of simple prolapsus, it is absolutely necessary that the precise state and position of the organ be learned, in order that all irritation may be first removed, and that a suitable pessary may be selected; and then the physician should make the application himself.

"Case.—A respectable practitioner, after a very superficial examination for uterine disease, prescribed rest, leeching, &c. When he *supposed* the parts were prepared, he gave the lady several pessaries, of various shapes and sizes, that she might select one that *she* thought would suit her. After many unsuccessful attempts either to introduce at all, or retain one without excessive pain, she was informed by her attendant that nothing more could be done for her, and that *any* instrument would do her great harm. Upon being called, I found an indurated uterus firmly adhering very low in the vagina.

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[1] On the Use and Abuse of the Pessary. By John T. Sharpless, M. D., of Philadelphia. Read before the Philadelphia College of Physicians, Dec. 5, 1837.

All appearance of neck had disappeared, and the mouth was patulous with reflected lips. There was some tenderness upon hard pressure, and the bearing down pain in the stomach and back was excruciating. After a few days' rest, a small flat pessary was introduced, but it produced so much suffering that it was replaced in twenty-four hours by a small globe. This was in a short time changed for a larger one, which effectually relieved the bladder of pressure, and all pain disappeared, except during the catamenia, and after great fatigue. An enlargement and tenderness of the abdomen, that had long annoyed her and prevented her fastening her clothing, was removed, and she feels so well, that I am frequently thanked for the relief, and which is almost always accompanied by some observation upon the unsuccessfulness of my predecessor.

"To give, in a few words, what I would consider the circumstances properly adapted to the use of the pessary, I would say, that it should never be employed until perfect relief had been obtained in recumbency, even during a cough or sneeze, of all those painful symptoms that were believed to depend upon uterine disease; the principle of its operation being only to remove those distresses that are produced by an upright posture; and even *then* the organ must bear lifting on the finger, with the patient erect and coughing, without much pain being felt.

"A smaller pessary than it is thought will be required for permanent use, should be introduced first; and if there has been previous irritation in the region, rest for a few days will allow the cavity to become accustomed to the presence of a foreign body, and then whatever change that may be considered necessary in its size or shape may be made.

"I will merely remark, in closing, that the pessary has had its ultra-admirers, and its uncompromising contemners; and that, like many other remedial agents, both friends and enemies have been mistaken in its powers. It can be made of great service when correctly applied, and will produce equal injury when used without judgment, and I think that no man will discard it from his practice who has studied, without prejudice, the effects of its proper application.

Liston's Practical Surgery.[1]

We propose to publish this work with all the engravings—as soon as we are able—in the "Library." It is the "Practical Surgery" of one of the most eminent operators of the day, and will be a valuable addition to the library of the surgeon. The woodcuts shall be well executed, so as to render the volume as handsome in appearance as any that has been published in the pages of the "Library" or elsewhere.

Morton's Crania Americana.[2]

We have had an opportunity of inspecting some portions of this splendid work, which will present—as the title imports—a comparative view of the skulls of various aboriginal nations of North and South America; with an essay prefixed on the varieties of the human species and on the American race in particular;—illustrated by sixty plates and a coloured map. The author, Dr. Samuel George Morton, of this city,—who is well known to most of our readers for his "Illustrations of Pulmonary Consumption," and as the American editor of the last edition of Mackintosh's Practice of Physic, &c.,—has ever been a zealous and successful cultivator of natural science.

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[1] Practical Surgery, with one hundred and twenty engravings on wood. By Robert Liston, Surgeon. 8vo, pp. 494. London, 1837.

[2] Crania Americana; or a comparative view of the skulls of various aboriginal nations of South America; to which is prefixed an essay on the varieties of the human species, and on the American race in particular. Illustrated by sixty plates, and a coloured map. By Samuel George Morton, M. D., Member of the Academy of Natural Sciences, Philadelphia, of the American Philosophical Society, of the Historical Society of Pennsylvania, &c. &c.

The present work, of which we give the prospectus beneath, cannot fail to elucidate many interesting points of anthropology, and deserves the encouragement of every lover of natural and general science. The lithographs are admirable; as good specimens, indeed, of the art as we ever recollect to have seen, and as accurate as they are beautiful. The author is extremely desirous of rendering the work complete, and we have no doubt would feel obliged if those gentlemen who possess Indian skulls would permit him to inspect them. By so doing they would be rendering an essential service to science.

As the work must have been got up at considerable expense, it is to be hoped that the subscription list will be sufficient to remunerate the able and industrious author, not only for his outlay, but also for the time and talent he has devoted to it. We can conscientiously and strongly recommend it to every one who takes the slightest interest in anthropological or ethnological investigations; and who is there that does not?

" *Prospectus.*—The *Crania Americana* is designed as a record of a series of facts of no small novelty and interest both to the general and scientific reader, and derived from a field of enquiry hitherto in a great measure unexplored. This remark is especially applicable to the *illustrated* portion of the work; for, although some valuable materials of this kind are to be found scattered through the writings of Professor Blumenbach, Dr. Warren, M. Choris, and a few others, no attempt has yet been made to embody them in a general and comprehensive view. By reference to those authors it will also be observed, that the engravings given by them of American crania are few in number, and not generally executed with the precision and detail necessary to a satisfactory comparison.

" The leading objects which are designed to be accomplished in the Crania Americana are the following:—

" The preliminary essay will embrace a brief view, also illustrated, of the varieties of the human species, in order that the general reader may investigate and compare the various analogies and differences, so remarkable in the several divisions of the human family.

" The strictly American portion of the work will contain lithographic illustrations of the skulls of more than forty Indian nations, Peruvian, Brazilian, and Mexican, together with a particularly extended series from North America, from the Pacific Ocean to the Atlantic, and from Florida to the country of the Esquimaux.

" An exposition will also be given of those extraordinary distortions of the skull, caused by mechanical contrivances among various tribes, Charibs, Peruvians, Natchez, Chinooks, Calapooyahs, &c. In fact, the author's materials in this department are probably more complete than those in the possession of any other person; and will enable him to satisfy the reader on a point that has long been a subject of doubt and controversy.

" Particular attention has been given to the crania from the mounds and caves of the western section of this country. These perishable relics of a former race will constitute a separate division of the work, and will be investigated in reference to various collateral facts, and the evidences of history and tradition.

" With respect to the *origin* of the American nations, the author has no favourite hypothesis to sustain. He will give the facts as he finds them; indulging occasionally, however, in some of those obvious inferences which are inseparable from enquiries of this kind. Indeed, it is hoped that these pages will contribute something to the materials of history; while they cannot fail to interest the anatomist and phrenologist, and every one whose attention has been directed to the study of physical man.

"The text will embrace between two and three hundred pages, printed on fine paper, in imperial quarto, from a new and beautiful type. Particular care will be bestowed on the lithographed illustrations, which will be executed with great fidelity and elegance by the best artists. The whole number of plates will be between sixty and seventy, each containing a drawing of a cranium of the natural size.

"These plates will, in all instances, be accompanied by such national and individual remarks and explanations, as may appear most important to the full understanding of the subject.

"The introductory essay will also be accompanied by a coloured map of the world, showing, at a glance, the geographical distribution of all the races of men.

"The work is now in a state of considerable forwardness, and will be delivered to subscribers on the first day of October, 1838.

"Price of subscription—twenty dollars. Published by John Fuller, Philadelphia.

"*N. B.—The work will be delivered to subscribers* ONLY, *and in no instance at less than the subscription price.*"

Mitscherlich's Chemistry.[1]

We have received but the first three volumes of this excellent work,—the results of the chemical investigations of M. Mitscherlich's predecessors and cotemporaries, as well as his own. He has long been regarded one of the most accomplished chemists of Europe, and an accurate and original observer.

The first volume embraces simple bodies; the second chemical affinity, the oxacids and oxides of the metalloids, &c. &c.; and the third the metals. It is elucidated by numerous engravings, and ought to be possessed by every chemist.

Meigs's Midwifery.[2]

In our last number,[3] we acknowledged the receipt of this useful work, and recommended it to the attention of our professional brethren. The author has long devoted himself most assiduously and successfully, but by no means exclusively, to this branch of his profession, and the volume before us is one of the results. The reasons which induced him to publish the present work are stated in his preface.

"It may, perhaps, be said that we do not want any more works on midwifery, or, at least, systematic works. I admit that the valuable publications of Dr. Dewees might serve as a reinforcement to such an objection. There is also the work of M. Velpeau, which I translated from the French, and published in this city a few years ago; a work so excellent that it has almost become a text-book, as I am informed. These, and several new publications in England and Ireland, might have served as inducements for me to avoid troubling my brethren with the offer of this volume, perhaps an additional burthen to their book-shelves. However, having condensed as far as I could the several subjects treated of in it, and having made it rather an expression of my own reflections and experience, than a dry compilation of materials to be found every where in the obstetric library, I venture to offer it to my brethren, especially the younger among them, in the hope that at least some parts of it may not be found wholly devoid of interest nor to be perused without profit."—p. iv.

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[1] Elémens de Chimie, par M. Mitscherlich, Professeur de Chimie à Berlin, Membre des Académies des Sciences de Berlin, Naples, et Stockholm, et des Sociétés Royales de Londres et d'Edimbourg, Correspondant de l'Institut de France, des Académies de Saint-Pétersbourg, et de Munich, Chevalier de l'Ordre de l'Aigle Rouge. Traduits de l'Allemand sur la dernière édition. Par M. B. Valérius, Ancien Professeur de Chimie á l'Université de Gand, Docteur en Sciences Physiques et Mathématiques de l'Université de Liège, et Auteur de Plusieurs Mémoires Couronnés par cette Université. 8vo, tom. i. pp. 415: tom. ii., pp. 296: tom. iii., pp. 238. Bruxelles, 1836.

[2] The Philadelphia Practice of Midwifery. By Charles D. Meigs, M. D., Lecturer on Midwifery and the Diseases of Women and Children, Member of the American Philosophical Society, and of the Philadelphia Medical Society. Small 8vo, pp. 379. Philadelphia, 1838.

[3] Intelligencer, Feb. 1, 1838, p. 392.

The work is divided into nineteen chapters, treating respectively of the following topics:—1. The Pelvis. 2. The Child's Head. 3. The deformed pelvis. 4. The Organs of Generation. 5. Menstruation. 6. Amenorrhœa. 7. Dysmenorrhœa. 8. Leucorrhœa. 9. Pregnancy. 10. Labour. 11. Conduct of a labour. 12. Face presentations. 13. On the positions of the head, and their mechanism in labour. 14. On presentations of the pelvic extremity of the fœtus. 15. On preternatural labour. 16. Of the forceps. 17. Inversion of the womb. 18. Puerperal fever. And 19. Atresia vaginæ.

The enumeration of the contents will show that but few of the diseases of females are touched upon.

Dr. Meigs's work will form a useful book of reference to the practitioner. It contains the results of the observation of an able and experienced obstetrician; and we do not know a better accompaniment to the student, who is commencing the study of obstetrics in the office, or is engaged in its prosecution by attendance upon lectures.

Forthcoming Works.—We are requested to state, that Adlard & Saunders, of New York, have in the press Dr. A. H. Stevens's two lectures on "Lithotomy," and one on the "Diseases of the Joints," with plates illustrative of a new mode of operation with the author's prostatic bisector, forming the continuation of the "Lecture on the Primary Treatment of Injuries, delivered at the New York Hospital, Nov. 22, 1837."

The same publishers also announce as in preparation "A Treatise on Midwifery, practically considered, by Gunning S. Bedford, M. D., Lecturer on Midwifery and the Diseases of Women and Children, in New York."

The above treatise will consist of about four hundred pages, octavo, and will be accompanied by plates illustrative of the important features of obstetric science.

The Woman who Lived without Eating.—The constancy with which some individuals will endure bodily suffering, or even the absence of many things necessary to existence, for a length of time, is a curious circumstance in the history of imposters and of the insane. It is not easy to determine to which of those two classes belonged the subject of the following case:—

A woman was lately exhibited in Paris as a phenomenon, on the ground that she had taken no food for the last twenty months; she was fresh and fat, and carried a healthy child, six months old, at the breast. Not consuming any food, this woman could not be supposed to excrete; she accordingly passed no excretions, and the miracle was complete. She carried her folly, or her knavery, so far as even to enter the *Hotel-Dieu*, and place herself under the *surveillance* of a physician, M. Caillard, whom she assured that God was the father of her baby, and that he had commanded her to commence a fast in 1836. She was placed in St. Benjamin's ward, and for several days the history which she gave of herself seemed true; the food and drink placed beside her bed remained intact; no trace of excretion could be discovered. Determined to find an explanation, M. Caillard passed her over to the care of M. Magendie, who happened to have a small closet unoccupied attached to one of his wards. The woman was shut up in this apartment with some food, the quantity of which was accurately measured. She resisted the sense of hunger for eight days, but ate on the ninth. Her excretions were found carefully concealed in the mattrass, which she had sewn up again. This case is worthy of the attention of dealers in magnetism. The subject of it would be an invaluable acquisition.[1]

Medical Department of the Transylvania University.—The printed catalogue shows that the number of students this session amounts to two hundred and twenty-seven, of whom eighty-two are from Kentucky; fifty-three from Tennessee; seventeen from Mississippi; sixteen from Georgia; fifteen from Alabama; ten from Missouri; six from South Carolina; four from North Carolina; five from Illinois; four from Ohio; three from Pennsylvania; two from New York; two from Indiana; two from Texas; two from Virginia; one from Massachusetts; one from Arkansas; one from Louisiana; and one from England.

Appended to the catalogue are the names of the members of the dissecting class, eighty-four in number, who affirm that the supply of subjects in the anatomical department is adequate to every want, and that they are furnished at a very moderate price.

The school appears to be in a very flourishing condition.

Cholera at Naples.—It appears from a paper read before the Académie Royale de Médecine of Paris, by M. Thibault, that this fatal malady was complicated by an epidemic verminous constitution, of the most singular kind that has ever been recorded.

This verminous epidemic was not, however, confined to those who died of cholera, or who were affected with symptoms of it, but appeared in all the inhabitants of the country; and it is asserted by M. Thibault, that the most constant morbid appearances observed in cholera, such as injection of the digestive mucous membrane, development of the mucous follicles, the presence of an unusual kind of mucus, and of tricocephalous worms, with a change in the character of the blood, were equally met with in all those who died during the epidemy of other diseases than the cholera.

Ossification of the Vitreous Humour.[2]—At the sitting of the Medico-Chirurgical Academy of Naples, of the 11th of March, M. Grillo, Professor of Anatomy in the University of Naples, presented two eyes taken from a subject, the vitreous humour of both of which was ossified. The subject of this case had been formerly a sailor, and for twenty-five years had been troubled with gout in the feet. After a time, however, it left the feet and attacked the eyes; obstinate ophthalmia first of all declaring itself, and this followed by opacity of the cornea; progressive atrophy of the eye; complete blindness; the eyes being gradually converted into two hard white balls. He ultimately died of apoplexy. M. Grillo remarked, that the ossification had invaded the hyaloid membrane and the vitreous humour at once,—an unusual occurrence, as the transformation is commonly restricted to the serous membrane only. In another eye, obtained by accident from a consumptive individual, the ossification was limited to the hyaloid membrane.

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[1] London Lancet, Nov. 25, 1837, p. 327, from La Lancette Française, Oct. 26, 1837.

[2] Il Filiatre-Sebezio, di Napoli, Aprile, 1837, p. 267.

BOOKS RECEIVED.

From the Author.—Lecture Introductory to the Course on Anatomy and Surgery, in the University of Virginia, for the Session of 1837–8. By J. L. Cabell, M. D. Published by the members of the class. 8vo, pp. 16. Charlottesville, 1838.

From Wm. Meredith, Esq., the author.—A Comprehensive Minute, commemorative of Philip Syng Physick, M. D., Emeritus Professor of Anatomy and Surgery, in the University of Pennsylvania. 8vo, pp. 14. Philadelphia, 1838.

From Professor Cross.—A Catalogue of the Officers and Students of the Medical Department of Transylvania University. 8vo, pp. 16. Lexington, 1838.

From Messrs. Adlard & Saunders, the Publishers.—A Clinical Lecture on the Primary Treatment of Injuries, delivered at the New York Hospital, Nov. 22d, 1837. By Alex. H. Stevens, M. D., Surgeon of the New York Hospital, and Emeritus Professor of Clinical Surgery. 8vo, pp. 34. New York, 1837.

From Professor Revere.—On Scarlatina; in a letter addressed to his son, in which is [are] contained cases of angina sine efflorescentia; scarlatina anginosa; benigna; maligna vel angina gangrænosa; and their sequelæ. Also observations on various therapeutic agents that have been employed in the treatment of scarlatina. By William Ingalls, M. D., M. M. S., &c. &c. 8vo, pp. 39. Boston, 1837.

From Dr. J. V. Ham.—Circular and Catalogue of the Faculty and Students of the College of Physicians and Surgeons of the Western District of the State of New York, in Fairfield, Herkimer County, 1837–38. 8vo, pp. 15. Albany, 1838.

From an Unknown Correspondent.—Report of the Medical College of Ohio to the General Assembly of the State of Ohio. 8vo, pp. 12.

From the Author.—The Lexington Intelligencer Extra; containing a narrative of some of the acts of Dr. Lunsford P. Yandell, late Professor in Transylvania University. By Robert Peter, M. D.

From the Author.—Remarks on Stammering. By Andrew Comstock, M. D., 12mo, pp. 16. Philadelphia, 1837.

From the Author.—Boylston Prize Dissertations for the Years 1836 and 1837. By Oliver Wendell Holmes, M. D., Fellow of the Massachusetts Medical Society, &c. &c. 8vo, pp. 371. Boston, 1838.

Transactions of the Maryland Academy of Science and Literature. Vol. I. Published by the academy. 8vo, pp. 190. Baltimore, 1837.

We have just been favoured by our distinguished friend, Dr. Forbes, with several new English, German, and Italian publications, as well as with series of the following periodicals:—Bulletino delle Scienze Mediche, di Bologna; Il Filiatre-Sebezio, di Napoli; La Presse Médicale de Paris; Medicinische Zeitung (Berlin); Wochenschrift für die gesammte Heilkunde, von Casper (Berlin); Medicinische Annalen, von Puchelt, Chelius, und Nägele (Heidelberg); Jährbucher der In—und Ausländischen gesammten Medicin, von Schmidt.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. March 1, 1838. No. 23.

Art. I.—CASE OF REMOVAL OF AN OVARIAN TUMOUR.

BY RICHARD S. KISSAM, M. D., OF NEW YORK.

New York, Feb. 2d, 1838.

On the 15th day of July last, I was requested by Dr. McAuley to visit Mrs. M. supposed to be labouring under abdominal dropsy. The patient was twenty-nine years of age, of dark complexion, ordinary size, and a native of Baltimore; she was married at the age of sixteen, and during the next succeeding four years was delivered of two children after very difficult labours.

Upon examination we found the abdomen greatly enlarged, evidently containing a fluid; but *no* anasarca of the inferior extremities. Percussion yielded a dull sound, when the patient was in a recumbent as well as an erect position. The swelling was equally diffused, presenting no irregularities, and occupied the abdominal cavity as much on one side as the other. The position of the uterus was not altered, except slightly downwards, and was at the time secreting healthy menstrual fluid; and this function had not been interrupted at any period since the commencement of the disease, which was first observed five years ago, and had been gradually increasing to the present time. The urine was but little diminished. The appetite and digestion good, and bowels regular. Her general health and vigour appeared unimpaired; but as her respiration and locomotion had become very difficult, we determined to evacuate the fluid, which was effected by a puncture of the trocar in the linea alba half way between the umbilicus and pubes. The oily, ropy, dark coloured character of the discharge, served to confirm our opinions that the disease was encysted ovarian tumour; and when, upon an examination of the abdomen, we felt the cyst, all our doubts vanished, and we felt sure of the truth of our diagnosis. The quantity of fluid discharged was forty pounds; the tapping was repeated in nine weeks, and forty-eight pounds evacuated; and, in four weeks after, forty pounds more were taken away. The patient's health now failed rapidly; it was evident that she could not support these heavy drafts upon her constitution; and it was impossible that she could survive unless she was frequently relieved by the evacuation of the fluid, so greatly was her respiration impeded. I now proposed for consideration the removal of the tumour by extraction; this was not consented to at the time, but the rapidity with which the abdomen filled, together with the great prostration and evident giving away of health, induced the patient, at the end of three weeks, after a fair representation of the chances and danger of her case, to consent to its removal; this was sanctioned and advised, by three of the most prudent and able medical men the city affords, as the only chance of survival.

Accordingly, on the 4th day of November, in the presence of Professors Delafield, Francis and Brigham, and Drs. McLean, Hoffman and McAuley, after evacuating the bladder, the patient was placed on the edge of a bed, supported by a friend, her feet resting on chairs; an incision was commenced two and a half inches below the umbilicus and carried downwards three inches; the tendon was carefully dissected until the peritoneum was exposed,—one inch of which being divided, the ovarian sac was brought to view; this was pierced with a trocar, and the fluid drawn off; the sac being secured by ligature, the tendon of the linea alba and the peritoneum were divided to the extent of the superficial incision. Moderate traction being made and the sac not yielding, this was discovered upon examination to be caused by a separate cyst, which, upon being punctured, was found to contain half a gallon of limpid serum; upon a second effort being made and with no better success, it was thought prudent to enlarge the wound, and this being done by extending it two inches towards the umbilicus, the whole mass readily passed out; numerous parabysmic masses of a large size had caused the retention of the sac. There were no adhesions to the intestines or peritoneum; the only attachment being natural, at its base, to the right broad ligament of the uterus of about one inch in diameter.

The fallopian tube and blood vessels were separated from the base of the tumour, and the vessels, secured by themselves with a leather ligature, cut close; the arteries were small, the veins large. The pedicle was tied with a silk ligature, which was brought to the surface, and the whole mass separated by a few strokes of the scalpel.

The wound was secured by sutures, strips, and bandages. The patient, although much exhausted by the operation (which occupied forty-five minutes), was tranquil and in good spirits; pulse 120 in the minute. Reaction was soon established, and the case appeared to be doing exceedingly well for the six following days; when it was discovered that a peritoneal inflammation had set in, which in all probability would destroy the patient. This was not treated very energetically on account of the great debility of the patient and the insidious character of its commencement.

The case terminated on the ninth day by death.

Inspection.—The abdomen slightly swollen; the external wound entirely healed, except where the ligature passed out. The serous coats of the intestines adhered to each other and to the peritoneum; the usual false membrane was present, which covered the folds of the intestines and lined the peritoneum; about one quart of milky fluid occupied the cavity of the abdomen.

The ligatures were *not* liberated; the uterus appeared healthy. The muscular tissue of the intestines bore evident marks of inflammation. The surface of the broad ligament to which the tumour had been attached, although pale and flabby, bore some marks of an attempt at reparation.

The sac is very large, and contained fifty-six pints, weighing fifty-six pounds, itself weighing three pounds and four ounces, in all sixty pounds. The fluid when evacuated filled more than two twelve quart pails by one gallon; besides the bulk of the tumour itself.

Besides the external peritoneal coat, there is an inner membrane, several smaller cysts and parabysmic masses, and one beautiful hydatid of the size of an orange and of a purple hue.

The sac is *entire*, except where pierced by the trocar; at the place of separation, only the peritoneal coat was cut, leaving the inner membrane whole, and has the appearance of a double hollow globe with a small piece of the external coat extracted of one inch in diameter.

Upon a retrospection of the case, I cannot doubt the propriety of the operation. The tapping had been delayed as long as the safety of the patient could permit, and having once been begun, from all experience we were led to believe that its repetition would be frequently necessary, and, as in this case, followed by serious and dangerous prostration. The intervals of each tapping decreased alarmingly,—the first near nine weeks, the second four; and when it became necessary either to evacuate or remove, the last time, was only three weeks, and the quantity was increased from forty to fifty-six pints. The patient could not have lived many weeks in her rapidly declining situation. Various remedies had been tried, but as usual in vain. Moreover, I have not in my reading found or heard of a case of encysted ovarian tumour which had contracted adhesions; upon this I lay great stress—the adhesions only take place in fleshy and hydatid tumours. If I am wrong in this I should be glad to be corrected.

A great objection to operations of this nature is the difficulty of diagnosis: but I think any well-educated man, upon bestowing proper attention, may *invariably* determine upon the nature of the disease.

In ascites, the sound produced by percussion is sonorous; in ovarian disease, dull. In ascites, we have a diminution of urine; in ovarian disease, no, or very little, diminution. In ascites, either some organ or the general health is affected, anasarca is present, and the menses disturbed; in ovarian disease, none of these are necessarily present.

Upon tapping in ascites, we have limpid serum; in ovarian disease, the discharge is dark, oily, and mucilaginous. On examining the abdomen after an ovary has been evacuated, a substance like a contracted uterus after delivery is found; in ascites there is nothing of this kind. Dr. Hamilton considers this sign caused by a contraction of the sac; I think it may rather be attributed to the presence of smaller cysts, which have not been opened, or to the presence of fleshy tumours attached to the sac; and because the sac is not of a muscular nature, and has no contractile power, I am satisfied that the sign in the above was caused in this way. Encysted tumour *cannot* be confounded with hydatid, or malignant growths after tapping; the first is hollow and yields a fluid, the latter one either solid or evacuated small hydatids.

Hydatid tumour of the liver would scarcely be confounded with this disease, as the locality of its origination would tend to a correct diagnosis.

Still there may be doubts, and if so, I for one should not advise an operation. My father, the late Dr. Richard S. Kissam, early in his practice had recourse to tapping for the encysted tumour; and in one instance, at least, the patient entirely recovered, and afterwards bore a family of children.

Prof. Robley Dunglison, M. D., &c. &c.

Art. II.—PERIOD OF INCUBATION OF SYPHILIS.

BY M. DESRUELLES.

Syphilis, it is well known, does not supervene immediately on the application of the virus. The time which elapses is various, and this is the period of incubation. In some recent lectures, delivered by M. Desruelles, at the Hôpital du Val de Grace, and reported by M. Serive,[1] we have some estimates on this subject.

The period of incubation, according to M. Desruelles, varies from one hour to six weeks; it is rarely less than an hour or more than forty days.

The time of incubation of balanitis (inflammation of the glans), is from one hour to five days; of posthitis (inflammation of the prepuce), from one hour to three days; of balano-posthitis, from one hour to six days; of urethritis, from two hours to twenty-one days (rarely more); of phagedenic ulcers, from one to five days (development hastened in winter); of ordinary ulcers from one to eight or ten days; of adenitis (bubo), from two to forty days; and of vegetations from eight to forty days (the longer the period of incubation, the less red and painful are they).

Balanitis, he says, is always hastened by great narrowness of the prepuce; posthitis is favoured by a long "follicular" prepuce, of loose texture, which secretes thick mucus; and balano-posthitis occurs especially where the prepuce forms a ring (*bourrelet*) behind the glans.

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[1] Gazette des Hôpitaux, 4 Juillet, 1837, No. 78.

It is hardly necessary to say, that it is impossible to regard these estimates as *historical;* the supervention of many of these conditions must be regulated by accidents occurring long after the application of the virus, which accidents scarcely admit of appreciation.

ART. III.—MEDICAL TOPOGRAPHY—No. 10.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Concluded from page 366.)

Dysentery.

One of the affections most common to the southwestern parts of the United States is dysentery. We have already noticed the dysenteric condition of the bowels so generally present in malarious fevers, as they prevail in the Arkansas country. Idiopathical dysentery there occurs sporadically at all seasons of the year; but in the decline of summer and in autumn it often reigns epidemically. We have observed it once as a contagious disorder.[1]

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[1] With the 1st U. S. dragoons in 1836—on their expedition to the Texas border. On the 8th May of that year the dragoons left Fort Gibson for the Sabine river, *via* Fort Towson on Red river. The 7th infantry had left on the same route four days before. On arriving at Fort Coffee, on the Arkansas, a single dragoon reported ill of dysentery—in four days after, on the Kiamechie river, we had five new cases—the next day the sick report numbered eight. Here we passed the infantry forces, and led the march some twenty miles in advance—every day the number of sick of dysentery increasing. On our arrival at Fort Towson we were ordered to take up a position four miles from thence, at old Dokes' ville. There we had under treatment thirteen cases. The sick being separated from the well, and lodged out of camp, no new cases of the disease occurred. The camp was shortly afterwards moved to within a half mile of Fort Towson. The sick at Dokes' ville, being now convalescent, were sent to camp, and took with them their *unwashed* clothing and bedding. No sickness whatever at the camp on their arrival; in a few days, however, the dysentery again made its appearance and spread with frightful rapidity. Officers and men were alike attacked, and myself and hospital attendants were taken down. The disease began to decline about the 1st of July, after affecting more or less a large part of the command. Shortly after the troops moved on to Nacogdoches in the disputed territory; but the disease had entirely disappeared before their arrival on the Sabine.

I am convinced that the affection in this instance was contagious. It could not have been epidemical, or why should the 7th infantry, on the same route, at the same time, enjoy a complete immunity from the diseese? And again, this corps with the troops of the 3d infantry at Fort Towson, only half a mile each from the dragoon camp, were free from the complaint, until some cases, on the removal of the dragoons, were sent to that post—when some soldiers of the 3d infantry were shortly afterwards attacked. We heard of no instance of dysentery along the whole route among the Indian or other inhabitants. It prevailed alone with the dragoons. How it arose in the first instance we are unable to determine; but that it was propagated afterwards by contagion, in the ordinary acceptation of the term, we are convinced. It could not have resulted from any difference in the subsistence of the dragoons from that of the other troops, as this was the same, and changed at one time without altering in any wise the susceptibility to the disease. Nor could it have arisen from any deficiency in clothing or of camp equipages, as this would have been felt alike by both dragoons and infantry. *During the time it prevailed the peculiar smell of the patient was sickening—even for yards around.*

The greater number of cases of this affection met with in the southwest, owe their origin to the influence of malaria, conjoined to that of a too humid atmosphere and sudden vicissitudes of temperature, so common in that climate. The disease is usually mild and tractable during the spring and early part of the summer, but in the latter part of summer, and during the fall and winter, the cases then met with are usually violent and require in their treatment considerable skill and judgment.

In the majority of cases the mucous lining of the colon has alone been affected, and often a circumscribed portion of this—in the immediate neighbourhood of the ileo-cœcal junction; but frequently all of the ascending and transverse arches participate in the diseased action—more rarely, the descending portion we have found implicated; and what is remarkable, in the fatal cases we have had an opportunity of examining, there has always been a part of the sigmoid flexure apparently entirely free from disease. The post-mortem appearances presented in the case of private Thompson, 1st U. S. dragoons, dead near Fort Towson, July 1st, 1836—were thickening of the mucous lining of the ileon at its junction with the colon—thickening of all the structures of the colon and rectum,[1] with the exception of a portion of the sigmoid flexure—*gangrenous* ulceration of the mucous lining, and sub-cellular tissue of the colon, particularly of the cæcum and rectum—arterial suffusion of the peritoneal surface of the colon and lower part of the small intestines—venous engorgement of the liver, yielding on section dark grumous blood—gall bladder distended with viscid bilious fluid—stomach and first passages free from appreciable morbid alteration.

Treatment.—The pathology of dysentery is now too well understood to merit any reference to its characteristic signs and symptoms; not so, however, its treatment. In no affection should we pay a greater regard to the symptoms, in adopting our therapeutic means, than in the one under consideration. In cases of high arterial excitement we have bled from the arm; but generally in the cases we have treated the lancet could not be used with advantage, or even with safety. In inflammations of the mucous structures, particularly of the gastro-intestinal mucous membrane, venesection, although it may moderate the excitement of the general system, will, I believe, in the greater number of instances, fail to make any favourable impression on the inflamed part—whilst, at the same time, it leaves the patient in too feeble a state to adopt with activity other more curative means. The objections to general bleeding do not, however, apply with the same force to topical sanguineous depletion; the application of leeches or cups along the course of the colon, followed by emollient cataplasmata or stupes, will usually be succeeded by highly favourable results But we will be much disappointed if we rely upon these means alone, as, unassisted by a proper treatment to restore the functions of the liver (upon a suspended action of which, and of the skin, the disease in nearly all acute cases depends), they will effect but little towards the speedy cure of the disorder.

Calomel, opium, and ipecacuanha, are the great remedies the present state of our knowledge affords in the treatment of acute dysentery; a combination of these will least often disappoint us; and I hold them indispensable to the cure of the idiopathic affection. I have usually given to an adult five grains of calomel with one of ipecacuanha and half of opium, in pill or powder—followed by a like dose in three or four hours; and four hours after taking the latter, an ounce of castor oil, a saline purgative draught, or a dose of rhubarb and magnesia combined. These alone have seldom failed, in ordinary cases, to restore the functions of the liver; and with an occasional pill of half grain each of opium and ipecacuanha, plentiful draughts of mucilaginous drink, warm emollient applications to the abdomen, and absolute diet, succeeded in curing the disorder. If two doses of calomel, opium, and ipecacuanha, failed to fulfil the object of their exhibition (a restoration of the hepatic and cuticular secretions), as they sometimes did, especially in damp, cold or variable weather, we repeated them. In only a few instances have we had to give calomel in a larger dose than five grains. Experience has taught us, that a *small* dose of this valuable medicine, in combination with opium and ipecacuanha, will do more in affections where the hepatic function is suspended or disordered than a *huge* one given by itself; and will prove more gentle, salutary, and effective in its operation.

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[1] In places the gut was one fourth of an inch in thickness.

Did the dysenteric symptoms continue after bile had appeared in the stools, and the dejections seem occasionally mucous or sanguineo-mucous like, we gave half grain each of opium and ipecacuanha in pill, or five grains Dover's powder, every two or three hours—enjoined the free use of mucilaginous drinks, the constant application of warm poultices to the abdomen, particular attention to keeping the surface warm, and frequent foot and hand bathing. If, after purgation, bile ceased to appear in the stools, and these were entirely dysenterical or lienterical, we gave two grains of calomel, or five of blue mass, each with half a grain of opium and ipecacuanha, in pill, every two hours until six pills were taken—then after a lapse of three hours a full dose of castor oil, following it by emollient enemata—which effected a restoration of bilious evacuations, that could be readily maintained by an occasional small dose of oil or a pill of rhubarb, dandelion extract, and colocynth.

In those cases where the disorder of the lining of the colon persisted or threatened to assume a chronic form, we gave the cerated glass of antimony, combined with dragon's blood, opium, and ipecacuanha[1], with the happiest results. We have derived great benefit in some cases of protracted dysentery from the use of the balsam. copaib. given in doses of from twenty to thirty drops, with ten to fifteen of the tinct. acet. opii, every three or four hours—with frequent opiated starch enemata.

We have frequently noticed in dysentery, particularly in the contagious form, a disposition in the inflammation to extend itself to the serous envelope of the bowel. In such cases we have, superadded to the proper disease, a highly dangerous complication. The indications of inflammatory action having seized upon the peritoneal surfaces are, a sudden increase of abdominal pain, cessation of the discharges, (though these sometimes continue, yet diminished in quantity,) tympanitic state of the abdomen with inability to sustain the least pressure made upon the abdominal surface, short costal respiration, great anxiety of countenance, dry skin, and gastric distress. In these cases we have given immediately ten grains of calomel with from two to four of opium, and in three hours more a like dose, followed by an ounce of castor oil and a dram of oil of turpentine conjoined—assisting their operation by emollient enemata. After the free operation of the purges, if the peritoneal inflammation persisted, we gave ol. terebinth. gtt. xx., cum. tinct. acet. opii gtt. xv., beat up with mucilage or the white of an egg, every three hours, intermitting it with a powder of two grains of calomel and half each of opium and ipecacuanha—with a view to induce ptyalism, which was always followed by a cessation of the peritoneal inflammation. Frequent opiated enemata were used—the preparation of opium being the syrup of poppies, with common starch as the basis of the injection.

The distressing tenesmus, so common in dysentery, has generally yielded in our practice to the use of opiated suppositories or opiated enemata; but a more favourite application with us has been an opiated unguent made by rubbing down two drams pulv. opii with one dram olive oil, and then adding half an ounce simple cerate, melted at a boiling heat, and stirring the whole till cool. The verge of the anus smeared with this and a portion introduced into the rectum on the point of the finger gives surprising relief, and assists materially in the cure of the disorder.

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[1] R. Antimonii vit. cerat., gr. iv.
Sang. draconis, gr. xvi.
Opii et ipecac. aa. gr. vi.
Sapo venet. q. s. ut ft. mass. in pil. xvi. dividenda.

This number concludes the series of observations on the diseases of the southwestern part of the United States as connected with the medical topography of that region.

ART. IV.—ON AN UNDESCRIBED DISPLACEMENT OF THE BONES OF THE FORE-ARM.

BY JOHN GARDNER, ESQ.[1]

We have met with more than one example of the affection described by Mr. Gardner in the following passage.

There is an accident of very frequent occurrence happening to children, from the time when they are just beginning to walk to the age of from three to four years. A parent or servant is leading a child, or it is supporting itself by its hand—a sudden slip occurs—a slight crack is heard—the child screams—and upon examination is found unable to use its hand, the arm hangs powerless by its side, or is supported by the other hand, and every attempt to move it is attended with considerable pain. A surgeon is summoned, and on the first aspect supposes that either the clavicle is fractured or the shoulder-joint dislocated. But when, on a careful examination, this is found not to be the case, and the non-existence of either dislocation or fracture is satisfactorily ascertained, he believes it to be a mere bruise, places the arm in a sling, and keeps it bathed with cold lotions. After some time, whilst dressing or undressing the child, or on some sudden movement, another fall, or pull upon the arm, a slight crack is again heard, and to the great surprise of the parent, the hand is forthwith used, and is found to be quite well.

The displacement consists in the tubercle of the radius, to which the tendon of the biceps flexor cubiti is attached, slipping over the edge of the ulna, and being retained there. I have never seen this displacement in adults; probably the laxity of the ligaments permits it only in children, and most frequently in very young children. When a child is presented to me under these circumstances, after carefully ascertaining that there is no fracture either of the clavicle or bones of the arm, and no other dislocation, and the existence of this displacement being evident, I grasp the upper arm firmly in one hand, and with the other bring the fore-arm tightly supine, and suddenly bending the fore-arm upon the upper the bones slip into their proper places: a slight crack is heard, and the child is well and can at once use its hand.

ART. V.—ON THE EMPLOYMENT OF CARBONIC ACID GAS IN MEDICINE.

BY DR. FURNARI.[2]

Some journals of medicine, both French and foreign, have lately related several cases of amenorrhœa and uterine pains, which precede and accompany the menstrual discharge, treated with the best success by intra-vaginal fumigations of carbonic acid gas.

M. Mojon, of Genoa, was the first who proposed this new therapeutic agent in such cases.[3] Experience having actually placed these fumigations amongst medicaments which have a well marked action upon the vital properties of the female genital apparatus, we thought we should render a service to our readers in reporting here, as briefly as possible, the ideas put forth by the Italian physician relative to the manner in which this gas acts upon the animal economy, and especially in the pathological cases referred to.

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[1] London Medical Gazette, for Sept 9, 1837.

[2] Journal des Connoissances Medicales, Juillet, 1837.

[3] Vide Bulletin Général de Thérapeutique, 1834: Journal des Sciences Physiques et Chiniques, Janvier, 1835: Revue Médicale, &c.

There are women, who, without being affected with complete amenorrhœa, experience, for some hours and often some days before the appearance of the menstrual flux, acute and poignant pains, accompanied with twistings in the uterine region, in the kidneys, and thighs. These pains are particularly frequent in large towns, and in girls of an irritable temperament, the influence of which becomes revealed by a menstrual precocity which is not often in harmony with the other organs.

Under other circumstances, there are young females in whom coition has superexcited the organs so that the menses do not flow, or do so with difficulty; which takes place also in women of a sanguine temperament, and who are athletic. Dr. Mojon, Honorary Professor in the University of Genoa, attributes these vivid and acute pains which precede and accompany menstruation not only to a state of superexcitation of the whole generative apparatus, but also to the quantity of blood which traverses it in every direction,—in this case too coagulable, and consequently less flowing in the capillary vessels, or in the cellular tissue, which ought to afford it passage into the menses, whether this discharge take place by means of a particular exhaling apparatus or by exosmose. Again, in these *molimina menstruationis*, there may only occur a simple abdominal leaking of a coagulable mucosity.

The pseudo-membranes of the uterine cavity, which Morgagni, Chaussier, Denman, and Velpeau speak of, commonly recur only through thickening or drying of this same mucosity, which, by closing the origin of the fallopian tubes, often communicates sterility to females subject to menstrual pains.

Several means have been advised against these affections. Emmenagogues, properly so called, very far from putting an end to these pains, augment them. Bleedings from the feet, and the application of leeches to the vulva, produce often a nervous superexcitation which augments the *malaise* of the patient.

M. Mojon has proposed and employed successfully carbonic acid gas. With many practitioners of the Italian school, he considers this acid gas as a powerful sedative, *contra-stimulant*, or even, if preferable, an excellent antiphlogistic. This opinion, entirely opposed to that of a great number of physicians, who consider it a stimulant, gave occasion, two years ago, to a rather lively discussion in the body of a learned medical society of this metropolis.

The Genoese physiologist looks upon this new therapeutic agent as capable of throwing the organism into a state of prostration or torpor, of relaxing the inflamed tissues; thus to moderate, so to speak, the force of reaction which is communicated to these same tissues by the inflammatory condition. He considers, besides, carbonic acid gas as also proper for diminishing this great plastic or coagulable tendency always presented by the blood, in whatever part it becomes inflamed; for this gas really changes the blood from the arterial into the venous condition.

When we examine carefully what takes place in animals immersed in carbonic acid gas, or in dogs which are exposed to the vapour disengaged in the *Grotto del Cani*, at Naples, it is easily perceived that carbonic acid gas diminishes the action of the sanguineous system and of the muscular fibre. Individuals who have survived asphyxia from carbonic acid gas experience for a length of time a lesion in the locomotive functions, and the blood drawn from their veins is more fluid and bluish than commonly.

M. Mojon does not base his opinion on an isolated observation: his long and brilliant practice has furnished him with opportunities for employing this means several times. The experiments very lately successfully undertaken by a number of other clinical enquirers confirm this opinion.

Not only in periodic menstrual colics does this physician propose the employment of this therapeutic agent, but also in many phlegmasiæ, such as cystitis, the ophthalmiæ metritis, &c. And who knows if the relief experienced by individuals affected with gastritis by drinking gaseous acidulated water, is not owing to the antiphlogistic property of the carbonic acid with which this water is saturated?

The researches which we have made on the diseases of artisans and on the hygiene of professions[1] have given us opportunities of knowing the antiphlogistic action of carbonic acid. Brewers, manufacturers of cider, wine manufacturers, the vinegar makers, and all who work in an atmosphere charged with carbonic acid are subject to a kind of apoplexy, which we have designated by the name of *coup de sang* of brewers, or simple congestion of the encephalon, which is more or less intense in proportion to the time it remains in the vat, to the period of fermentation, and to the age and constitution of the workmen. The following is the cause of the *coup de sang* with brewers: these individuals living always under the influence of carbonic acid the circulation in the head is accomplished tardily, and consequently the return of the blood to the heart experiences difficulties; and we have remarked that this kind of *coup de sang* bears some analogy to the apoplexy of old people.

For a number of years the English physicians have used carbonic acid gas successfully in the treatment of some diseases, but under a very different point of view from that by which it has been regarded by the Italian practitioner.

These fumigations are prepared in cases of uterine pains by receiving into the vagina the free extremity of a gum elastic canula, surmounted with a nipple-like end through which is passed carbonic acid gas, which is disengaged from carbonate of lime by means of dilute sulphuric or hydrochloric acid.[2]

These fumigations should be repeated twice a day during the period which precedes the menses; not only do they regulate their course, but they also put an end to the pains which precede, follow, or accompany them. Nothing is more simple, less expensive, and more easy to practice, than this operation.

Art. VI.—PROBABILITY OF DEATH AND RECOVERY IN ASIATIC CHOLERA.

BY W. FARR, ESQ.

The following extract is from an article on Prognosis, by Mr. Farr, in the *British Medical Almanack*, for 1838. We extract it from the last number of a valuable British journal.[3]

Table of 4907 *fatal Cases of Cholera, showing the number remaining alive at each of* 16 *Periods; and the Number dying in the Period following.*

Hour.	To die.	Dying.[4]	Day.	To die.	Dying.	Day.	To die.	Dying.
0	4907	204	1	2523	823	7	372	171
6	4703	615	2	1700	502	8	201	35
12	4088	392	3	1198	382	9	166	36
18	3696	1173	4	816	240	10	130	111
			5	576	125	15	19	19
			6	451	79	20	0	

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[1] Dictionnaire de Médecine Usuelle, vol. i., Art. Brasseurs, (maladies des).

[2] Journal des Sciences Physiques et Chiniques, &c.

[3] British and Foreign Medical Review, for January, 1838, p. 292.

[4] Rapport sur la Marche et les Effets du Cholera Morbus dans Paris et le Department de la Seine.

The tendency to speak in weeks, and well-known periods, produced the irregularity at the seventh day. Of the 171 thrown on that day, some died a day or two before, some a day or two afterwards. For the same reason it may be safely admitted that the deaths increased regularly on the first day. The daily rate of mortality in the first 12 hours was 16 per cent.; in the next 12 hours (12—24) 37 per cent.; in the 2d day, 11 per cent.; in the 3d day, 8 per cent., if the mortality of cases of cholera in Paris was 49 per cent.—it could not have been higher,—and none of the severe cases were cured in the first three days. The force of mortality attained its maximum in cholera by the 21st hour (18—24 hours); the maximum intensity in small-pox is attained in days 10—15; in phthisis, in 6—9 months. Taking a year as the unity of time, the relative maximum force of mortality—the deaths out of 100 constantly living,—in the height of these three diseases is, cholera, 13614; small-pox, 1150; phthisis, 148. The danger of cholera decreases as the time advances; the longer a cholera patient lives, the more likely he is to live. The way in which the prognosis becomes favourable is shown in the following table:—

Table of the Probability of Recovery from the severer Attacks of Cholera at the end of 12 *hours, and* 1, 2, *and* 3 *days.*

Cases.		To recover.	To die.	Probability of recovery.
0 hours	10000	5093	4907	.509 nearly 1 to 1
12 "	9181	5093	4088	.555 " 1.3 1
1 day	7616	5093	2523	.669 " 2 1
2 "	6793	5093	1700	.750 " 3 1
3 "	6991	5093	1198	.809 " 4 1

These facts prove that, in cholera, the probability is generally not in favour of death; they also establish the importance of early treatment, for half the deaths happen in the twenty-four hours. What the practitioner does, he should do quickly.

ART. VII.—ON THE DIVISION OF THE TENDO ACHILLIS IN CLUB-FOOT.

BY JOHN WHIPPLE, ESQ., SURGEON, PLYMOUTH, ENG.[1]

We have already referred to some successful operations of this kind in the pages of the "Intelligencer." Mr. Whipple, in the paper before us, details *nine* perfectly successful cases, if we except one in which the cure was prevented by improper management by the attendants after the operation. The ages of the patients were, respectively, 9, 8, 28, 8, 2½, 7½, 14, 7, and $1\frac{1}{6}$ years, and the comparison of the cases induces Mr. Whipple to infer that infancy is the most favourable to the operation.

The following is Mr. Whipple's method of operating, with his reasons for adopting it.

The foot being extended as much as possible, the integument posterior to the tendon is pinched up about two inches above the os calcis, in order to separate it from the latter, when a narrow-bladed knife, with a rounded cutting extremity, is passed from within obliquely downwards and outwards, between the integument and tendon; and as soon as the point of the knife is felt under the integument, and on the outer side of it, considerable flexion of the foot is made by an assistant, the point of the knife being at the same time depressed, so as to bring it in contact with the tense tendon, when, by firmly depressing and withdrawing the instrument, the object is instantly effected. This is made evident by the sudden jerk with which the heel is brought down, in some instances two or three inches, as in cases of talapes equinus. The knife should be passed from the inside outwards, for this reason: should you depress the point more than is necessary to divide the tendon, there would be no risk of wounding the posterior tibial artery, which would be the case were you to introduce your knife from without inwards; and it is essential to depress with some force, or you leave undivided some fibres of the tendon most remote from your puncture, and have to introduce your knife again (not a little embarrassed at your own bungling) for the purpose of dividing them. However, although the point of your knife be dipped some distance anterior to the edge of the tendon externally, in order to secure its division, this will not be necessary internally, as, the moment you feel your object effected, you discontinue the pressure on the knife, and withdraw it carefully, so as not to enlarge the integumental opening.

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[1] London Medical Gazette, for Sept. 2, 1837.

This, I think, is by far the best mode of operating, as by this means you pass your knife across a relaxed tendon, which, when rendered tense, is brought up to meet the edge of the instrument, and therefore more readily divided than when you pass your knife between it and the deeply-seated muscles. Another objection to the latter plan with me is, that the tendon is in such close contact with the integument, that you run a great risk of dividing, or partially dividing, the latter, which, from the years of contraction to which it has been subjected, is rendered exceedingly tense when the foot is flexed. In upwards of thirty cases which I have examined, I have found no exception to this. Again, where the toes are the points of support, the tendon will be found nearly embraced by the integument, as in the corresponding tendon in the horse, though certainly not to such an extent. I must not leave this part of the subject without a remark relative to the division of other tendons apparently implicated, without the division of which it might be imagined that little would be gained; and, indeed, such was my own impression after the operation in the second case I have recorded. I had promised that one tendon only should be divided; but I confess that I left my patient with regret at having so given my word, and determined to gain the consent of the parents to the division of the others, if the muscles did not elongate by steady and constant extension, as I at first conceived they would, looking upon them as secondarily affected, their contractility being favoured by the rolling inwards of the foot. A few days, however, served to remove all doubt from my mind, as they were evidently relaxing. I abandoned then the idea of their division being necessary, and as yet I have had no occasion to regret it. I am free, however, to acknowledge, that it might be the means of a more speedy alteration of the shape of the foot; yet the chances of inflammation, together with the weakness which a want of union would necessarily induce, are sufficient reasons for its division not being attempted. No doubt can exist of its impropriety in cases of talapes verus, as will be illustrated hereafter.

My reasons for dividing the tendon obliquely are as follows:—First, by so doing you have a larger surface for nature to carry on her operations; secondly, you have the obliquely divided tendon in nearer approximation, and thereby secure a firmer ligamentous band than in the transverse division; and thirdly, the application of the instrument does not separate the lips of the wound—a desirable point, as the sooner it heals, so as to prevent the escape of lymph, the better. The puncture is dressed with adhesive plaster, and the instruments applied at once, as, where this has been deferred, the act of stretching the inflamed part has caused considerably more pain than the operation and early application combined. Much care and attention are required for the first three weeks or month, in order to keep the heel well down. Every thing depends on the heel and instep straps, and neither the fears and doubts of the surgeon, nor the ill-timed meddling of the parents, must interfere with the application of these straps; for, however aggravated the case may be, the removal of the deformity by proper treatment is certain. I know of no instance where patience is more necessary to the surgeon than in treating these cases; every thing is to be gained by it; for, by strapping too tightly and screwing too firmly, vesications are produced, which compel you to remove every thing for their cure, and you lose more in twenty-four hours than you have gained in a week. Therefore, all you can do is to secure the heel firmly to the iron-sole, and to screw the plate so that it may merely rest on the cuboid and tarsal bones; then, from day to day, to draw in the strap a little tighter, so as to bring the end of the splint to the knee: a little pain and inconvenience are of course attendant upon this proceeding, but provided it does not produce vesication, this cannot be of any consideration when put in competition with the importance of the result.

Art. VIII.—ADHESION OF THE NYMPHÆ AND HYMEN.

A case of this kind is contained in a recent German periodical.[1] Dr. Pfeil was called to a young peasant girl, nineteen years of age, whom he found in bed, labouring under violent pyrexia, general debility, heat, thirst, pains in the abdomen, fulness and constant bearing down in the vagina. Progression was impracticable, owing to peculiar pains in the sacrum and thighs. She had never menstruated. The abdomen was tumid, hard, and painful, when touched. On examination, the finger could not enter the vagina, chiefly on account of a firm elastic swelling, which had pressed forwards anterior to the labia majora. Ocular inspection, which became necessary, showed immediately that the evil consisted in an adhesion of the nymphæ to each other. The tendinous bond of union was divided by a longitudinal incision. When the nymphæ were drawn back, the hymen was seen perfectly unbroken, of a bluish red colour and semicircular shape, and of the size of a Borsdorfer apple, projecting between the labia. A longitudinal incision was made into the middle of the swelling, when a quantity of blood escaped, of a blackish red colour. As soon as issue was given to this the pains in the abdomen ceased.

The discharge continued two or three days; the abdomen subsided, and every trace of indisposition had disappeared on the fourth day after the operation.

BIBLIOGRAPHICAL NOTICES.

Holmes's Prize Dissertations.[2]

These dissertations are three in number, and the fact of their all being prize productions is highly creditable to their author. He modestly undervalues their merit in his preface; in which we think him not only unjust to himself on the score of deserts, but because to a flimsy and superficial critic he furnishes grounds for conviction out of his own mouth. For this reason it is always impolitic in an author to be apologetic in his preface.

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[1] Medicinische Zeitung, February 15, 1837, s. 34.

[2] Boylston Prize Dissertations for the years 1836 and 1837. By Oliver Werdell Holmes, M. D., Fellow of the Massachusetts Medical Society, and Member of the Société Médicale d'Observation of Paris, 8vo, pp. 371. Boston, 1838.

The subject of the first essay is, "Facts and Traditions respecting the existence of Indigenous Intermittent Fever in New England." It contains a large amount of testimony industriously collected respecting the localities of New England, which have disengaged malaria; testimony which throws negative light on the nature of that emanation, by showing us that it may exist in one locality, and be absent in another apparently identically situated; thus confirming the facts which we already possess in numbers on this interesting topic, and tending certainly to render still less probable the notion of the *vegetable* origin of that pestiferous agent.

The second dissertation is "On the Nature and Treatment of Neuralgia," and is well worthy of perusal. We are pleased to observe the remarks upon the views at one time indulged to a greater extent than at present on the evidences of what is called "Spinal Irritation." We have bestowed much time and thought on this matter, and are firmly satisfied that the evidence usually adduced from pressure on the spine, and from the effects of remedies, by no means establishes that the seat of the disease is always in the spinal marrow or its envelopes.

The last dissertation is "On the Utility and Importance of Direct Exploration in Medical Practice," a subject on which we have had numerous dissertations of late years.

We recommend this volume to our readers, and we trust that the reception it meets with from the profession may induce the intelligent and industrious author to render himself yet more useful to a profession which requires vigorous labours for its advancement.

Transactions of the Maryland Academy of Science, &c.[1]

This is the first publication that has emanated from this body; but from the manifestations of zeal which its members have recently afforded we hope it may not be the last. We could suggest, however, that it would be well for the academy to wait until they possess more ample materials before they issue their next volume.

The main object of our noticing this work is to draw attention to a valuable practical paper, "On the Detection of Arsenic in Medico-legal Investigations," from the pen of Professor Fisher, of the University of Maryland.

Littell on the Diseases of the Eye.[2]

The following notice of Dr. Littell's work in the last number of the "British and Foreign Medical Review"[3] approximates so much to our own that we hesitate not to adopt it. It is an unbiased opinion, written at a distance, by persons who are totally unacquainted with the author, and who are consequently neither swayed by favour on the one hand nor on the other by petty envies and jealousies, which are too apt to exist in the vicinity of an author's own threshold.

"Our limits will not allow us to notice the small work of Dr. Littell in detail; but, after an attentive perusal of the whole volume, we confidently recommend it to the senior as well as junior members of the profession. It is replete with information, yet so terse in style and compressed in bulk as at once to entice and repay perusal. We agree in most points with the author's pathological inductions and practical precepts. The language is free from any tinge of Americanism, the descriptions are short but comprehensive, while the treatment is characterised by great prudence; on the one hand, avoiding the charge of inactivity or feebleness; on the other, never risking the more serious results of chronic mischief and broken health from excessive depletion, or the depressing effects of violent mercurial courses; of which faults some of our own countrymen are not entirely innocent.

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[1] Transactions of the Medical Academy of Science and Literature, Vol. I. Published by the Academy. 8vo, pp. 190. Baltimore, 1837.

[2] A Manual of the Diseases of the Eye. By S. Littell, Jr., M. D., one of the Surgeons of the Wills Hospital for the Blind and Lame, Fellow of the College of Physicians of Philadelphia, &c. 12mo, pp. 225. Philadelphia, 1837.

[3] No. 9, for January, 1838, p. 45.

"It is no small triumph to Dr. Littell to be able to say that he has introduced almost all that is valuable, and every thing absolutely necessary, to the student, within the compass of two hundred and fifty small pages; and we would deliberately recommend our young friends to read this work before encountering the voluminous treatises of Lawrence, Travers, Mackenzie, Middlemore, &c. We are in no way inclined to speak slightingly of these works: on the contrary, we believe that there is much accurate observation, learned research, and sound practice to be found in them: but the commencing enquirer is startled by their magnitude, and discouraged by the belief that the subject of ophthalmology ought indeed to be cultivated by exclusive practitioners, when he finds such extensive and elaborate treatises devoted to its consideration. Apprehensions and misapprehensions of this sort the small volume before us is calculated to remove, and we once more earnestly recommend it to the attention of the student."

Caldwell's Eulogium on Dr. Physick.[1]

This discourse—like every thing that proceeds from the veteran author—is appropriate and forcible, and written in the plain, terse, nervous style, which is so characteristic of him. It is an honourable tribute paid to exalted professional merit. Such eulogies are, indeed, alike creditable to "him that gives and him that takes."

Cholera in Italy.—All our Italian medical periodicals, recently received, are nearly filled with accounts of the nature, complications, treatment, and devastations of this dread malady.

NECROLOGY.

Professor Eberle.—Died on the 2d of February, at Lexington, aged 54 years, Dr. John Eberle, Professor of the Theory and Practice of Physic in the Transylvania Medical School, to which, our readers will recollect, he was appointed prior to the commencement of the present session—in the place of Dr. Cooke, now professor in the Louisville Medical Institute. Dr. Eberle was unable—we are informed by one of his colleagues—to lecture more than five weeks of the course, the remainder of the lectures having been delivered by Professors Dudley and Cross.

Dr. Eberle studied medicine with Dr. Joseph Klapp, of Southwark, and graduated in the year 1809 or 1810. After this he practised for some years with reputation at Manheim, in Lancaster County, and for one or two years in the city of Lancaster, before he removed to Philadelphia.

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[1] A Discourse commemorative of Philip Syng Physick, M. D., prepared by appointment of the Faculty and Class of the Louisville Medical Institute, and delivered January 12, 1838. By Charles Caldwell, M. D. (Published by request.) 8vo, pp. 41. Louisville, Ky., 1838.

He was one of the principal founders and promoters of Jefferson Medical College, which commenced its operations in 1825, and in which he was appointed Professor of the Theory and Practice of Physic. In 1831, he was elected to the Chair of Materia Medica in the medical department of the Miami University, established at Cincinnati, and was afterwards tranferred to the Chair of the Theory and Practice of Physic, in the Medical College of Ohio, in the same city, where he remained until his appointment, last year, to the professorship in the Transylvania Medical school.

We had no personal acquaintance with Dr. Eberle, but we are informed by one who knew him well, that "he was a man of great modesty—indeed, his modesty was of so retiring a character, that he was considered by the public as remarkably diffident and shy. His industry and application to his studies became proverbial among the profession. He was greatly esteemed by his patients, and enjoyed a respectable share of practice both in Philadelphia and in Lancaster county. He reared a large family of children, and educated them with great care and attention. He was always embarrassed in his circumstances, from an unfortunate habit of lending his endorsements to importunate and unworthy friends."

Dr. Eberle's title to the thanks of his profession is not inferior to those of any other physician in the country. His "Materia Medica and Therapeutics," the fourth edition of which was published in 1834: his "Treatise on the Practice of Medicine," in two large volumes, 8vo., the third edition of which was published in 1835: his "Notes of Lectures on the Theory and Practice of Physic," the second edition of which was issued at Cincinnati, in 1834: and his "Treatise on the Diseases and Physical Education of Children," published in Cincinnati, in 1833,—all indicate, by their success, the value of the works, the utilitarian character of his labours; and that their author was not ambitious of emulating the meteor's transient glare, but rather the steady, permanent, and sure light of the fixed occupants of the firmament.

Besides the works we have mentioned, he was long a conductor of the medical periodical press, for which, with other qualifications, he was eminently fitted by his extensive acquaintance with many of the languages of continental Europe. He was one of those who commenced the "Medical Recorder," published in this city; and on his removal to Ohio he began the "Western Medical Intelligencer," published semi-monthly in single sheets, but this did not exist more than a year. Last year he commenced a quarterly medical journal, of which but one number appeared; and on his removal to Lexington he was announced as one of the editors of the "Transylvania Journal."

The whole of Dr. Eberle's active life was devoted to the advancement of that profession of which he was a distinguished and productive member.

BOOKS RECEIVED.

From Jacob Snyder, Jr., Esq.—Student's Magazine, published at the Pennsylvania Institution for the Instruction of the Blind, Nos. 1 and 2, for January 3, and February 7, 1838.

[One of those philanthropic inventions for the relief of those children of privation who are shut off from the acquisition of knowledge by the ordinary inlets. The work is printed with raised letters suitable for being read by the touch, and is intended to provide the pupils monthly with new reading, made up of extracts of such works as it would be perhaps too expensive or inexpedient to print entire. Each number consists of four large pages, printed with the types used in the institution.]

From the Author.—On Scarlatina, in a letter addressed to his son, &c. (See "Books Received," in the last number). By William Ingalls, M. D., M. M. S. Soc., &c. 8vo, pp. 39. Boston, 1837.

From the Author.—A Manual of the Diseases of the Eye. By S. Littell, Jr., M. D., one of the Surgeons of the Wills Hospital for the Blind and Lame, Fellow of the College of Physicians of Philadelphia, &c. 12mo, pp. 255. Philadelphia, 1837.

From the Author of the Sketch: (Dr. Collins [?] of Baltimore).—The Baltimore Chronicle, for February 8, 1838; containing a biographical sketch and eulogy of the late Dr. Physick.

From the Author.—New Treatment for Certain Cases of Anchylosis. By J. Rhea Barton, M. D., of Philadelphia. (Extracted from the American Journal of the Medical Sciences, for February, 1838). 8vo, pp. 8. Philadelphia, 1838.

From the Author.—A Discourse commemorative of Philip Syng Physick, M. D., prepared by appointment of the Faculty and Class of the Louisville Medical Institute, and delivered January 12, 1838. By Charles Caldwell, M. D. Published by request. 8vo, pp. 41. Louisville, Ky., 1838.

From Dr. Forbes, editor of the British and Foreign Medical Review:—

On Animal Magnetism.—Isis Revelata: an Enquiry into the Origin, Progress, and Present State of Animal Magnetism. By J. Colquhoun, Esq., Advocate, F. R. S. E. Small 8vo, pp. 395, 416. Edinburgh, 1836.

Erfahrungen über den Lebensmagnetismus und Somnambulismus. Commissions Bericht an die Königl. Med. Akademie zu Paris, von Husson, und Resultate der Praxis einiger Hamburger Arzte, so wie des Verfassers, J. F. Siemers, Med. Chir. Doct. u. s. w. 12mo, pp. 287. Hamburg, 1835.

On the Cholera in Italy.—Cenni sul Cholera-Morbus Asiatico del Dottore C. Rasis, &c. 8vo, pp. 31. Livorno, 1835.

Memorie sul Cholera Morbus, appendice al Bullettino delle Scienze Mediche, &c. Fasc. 1 and 2. 8vo, pp. 173. Bologna, 1836. Il Cholera a Roda, Racconto Istruttivo. 8vo, pp. 28. Firenze, 1835.

Due Lettere importanti l'una d'illustre Dama Toscana sul Timore del Choléra Morbus al Professore Giacomo Barzellotti dell' J. E. R. Universita di Pisa; l' altra responsiva del medesimo Professore rinfrancando la Dama dal concepito Timore. 8vo, pp. 15. Pisa, 1835.

Cenni sul Choléra Morbus e sul Metodo di cura osservato in Ancona dal Dottore Stanislao Orazi. 8vo, pp. 66. Loreto, 1836.

Riflessioni Sulla Corrente Malattia Asiatico-Cholerica e Modo Sicuro di Preservarsene del Dottore Palmazio Lenci Attual Medico di turno nei Regj Spedali di Livorno. 8vo, pp. 42. Livorno, 1835.

First Principles of Medicine. By Archibald Billing, M. D., A. M., Member of the Senate of the University of London, Fellow of the Royal College of Physicians, &c. Second edition, 8vo, pp. 130. London, 1837.

A Treatise on the Influenza of 1837, containing an analysis of one hundred cases, observed at Birmingham, between the 1st of January and the 15th of February. By Peyton Blakiston, M. A., Med. Lic. Cantab., Physician to the Birmingham Dispensary, &c., 8vo, pp. 60. London, 1837.

Ueber Virilescenz und Rejuvenescenz thierischer Körper. Ein Beitrag zur Lehre von der regelwidrigen Metamorphose organischer Körper. Von Dr. Carl Wilkelm Mehliss, practischem Arzte, u. s. w. in Liebenwerda. 8vo, pp. 114.

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Art. I.—ON CREOSOTE.

BY BRODIE S. HERNDON, M. D.

Culpeper Court House, Virginia, Feb. 17th, 1838.

Dear Sir,—I send you below some remarks on creosote, which, if you think them worth it, may appear in your journal.

I had never met with any account of paralysis dependent on enteritis before seeing Dr. Graves's clinical lectures in your "Library." G. W. G., a gentleman of irregular habits, aged thirty-eight, had a chronic diarrhœa of three or four years' duration. In December, 1837, after a more acute enteric attack, he was seized with floating paralysis, first of the lower extremities and then of the upper; disabling the muscles of deglutition, and those which support the head, so that if that organ were out of the perpendicular it fell to either side. He had no fever, and the forces were beneath par. Strychnine and blisters to the spine gradually relieved him. On the occiput, behind the mastoid process, where a blister had been twice applied, there was developed a carbuncle as large as the fist. His condition was now one of extreme danger. Exhausted by previous disease, and with a constitution shattered by intemperate habits, he had to encounter a most formidable enemy. Poultices were first applied, and as early as possible the freest incisions were made through the whole dimensions of the tumour. I then applied the alcoholic solution of creosote (thirty drops to the ounce), mixed with carrot poultices, and at each dressing washed the part freely with the solution. To sustain the system he took, six times a day, a pill of quinine and capsicum, with a glass of port wine, and at bedtime forty to sixty drops of guttæ vitæ. This is a preparation of opium not known to our dispensatories, I believe, but much used by Dr. Carmichael, an eminent practitioner of Fredericksburg, in the diarrhœa of consumption. The formula is,—R. opii ℥ ii.; kino, coccinellæ aa. ʒ ii.; camphoræ ʒ iii.; caryophyll. ʒ vi.; sp. ammon. arom., ʒ ii.; spirit. vini tenuior. ℔ ii. Under this treatment, from being exhausted by irritative fever to the last degree, and with a frightful chasm in the muscles of the neck, he slowly but perfectly recovered. I think the creosote materially checked the destructive process, and it certainly acted better than common stimulants to promote sloughing. I have used creosote with much benefit in obstinate psoriasis, in the form of ointment, and as an inhalation in hysteric croup, (thirty drops to a quart of hot water.) It allayed, like a charm, neuralgic pain in an ulcer from moxa, and is the best remedy I have seen applied to chilblains. In the latter it is used rubbed in with basilicon ointment.

To Professor Dunglison.

Art. II.—NUTRITIVE POWERS OF DIFFERENT VEGETABLES.

In the earliest edition of his physiology, Magendie[1] instituted certain experiments, which consisted in feeding animals, as dogs, on substances that contained little or no azote; these were found to fall off in their nutrition, and to die. This result was ascribed by Magendie to the want of azote, and he inferred it to be probable that the azote, found in different parts of the animal economy, is originally obtained from the food taken in. This we have elsewhere[2] asserted to be extremely doubtful. We have no proof that the animals experimented on died simply from privation of azote. It is more than probable, indeed, that the azote had no agency in the matter; for there seems to be no good reason why it should not have been obtained from the air in respiration, as well as from that contained between the particles of the sugar, where this substance was administered. It must be borne in mind, too, that the subjects of the experiments were dogs—animals, which, in their natural state, are carnivorous, and, in a domestic state, omnivorous, and that they were restricted to a diet entirely foreign to their nature, and to which they had not been exclusively accustomed. We ought not then to be surprised that under such circumstances they should sicken and fall off. Yet, notwithstanding these palpable objections to the views of Magendie—as well as the fact of the herbivorous animals feeding exclusively on vegetable food—M. Boussingault,[3] adopting the notion, has concluded that the proper test of the nutritive power of food will be the quantity of azote which it contains. To the chemist his investigations may be of use as adding to the facts of the science, but to the physiologist they are not of the slightest value. He gives the following equivalents as to nourishment, taking the starch of wheat as unity:—Wheat starch, 100; wheat, 107; barley starch, 119; barley, 130; rye, 111; French wheat, 108; maize, 138; horse-beans (*feveroles*), 44; yellow peas, 67; white French beans, 56; lentils, 57; white-headed cabbages, 810; cabbage starch, 83; potatoes, 613; potato starch, 126; carrots, 757; carrot starch, 95; turnips, 1335.

Art. III.—OBSERVATIONS ON THE PURIFORM OPHTHALMIA OF THE NEW-BORN.

BY M. D. CARRON DU VILLARDS.[4]

In this paper I shall consider the ophthalmia of the new-born, more generally known under the name of purulent ophthalmia of children; a name which it has preserved through routine and custom, although the illustrious Saunders said, thirty years ago, that the designation of *puriform* should be given to it, on account of the nature of the disease and of the fluid secreted. This ophthalmia, nosologically speaking, ought to be considered as a catarrhal conjunctivitis, which is confined to the mucous membrane until it acquires a certain degree of intensity; then the parts which bear the nearest relation with the conjunctiva become in their turn diseased, a circumstance which gives to this affection all the importance we have pointed out.

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[1] Précis élémentaire de Physiologie, tom. 2. Paris, 1815.

[2] Human Physiology, 2d edit., I., 468. Philadelphia, 1836.

[3] Annales de Chimie, Nov., 1836, and British Annals of Medicine, May 5, 1837, p. 562.

[4] Bulletin Général de Thérapeutique, 30 Aout, 1837.

In fact, when we devote ourselves for several years to the study of ophthalmology, we are astonished at the frequency of this disease, and we are still more frightened to see the number of children who lose their sight in consequence of it.

In a great number of foundling hospitals, and especially in that of Paris, it exists epidemically; and if a great many children did not sink under the consequences of it, there would be a much greater number of "born blind;" an expression generally admitted, but perfectly false, since the great number of children denominated *blind from birth*, do not become so till after the first months of existence. For a length of time purulent ophthalmia was attributed to syphilis; the assertion with respect to the generality is quite erroneous, since not only authors, but my own experience also, correspond in the conviction that this affection is very rare in children born of infected mothers, whilst it is very frequent in those whose mothers were perfectly healthy. Nay more, I have observed in a great number of children born of syphilitic mothers, a multitude of venereal phenomena of the skin, on the scalp, on the genitals, and seldom in the eyes; in fact, the discharge must be very copious, in order that the fœtus, passing through the vaginal canal, through the midst of the secretions produced by the accouchement, and surrounded as it is by the amniotic deposits, be infected, since it does not open its eyes till after its passage.

Very often, also, this disease appears one or two months after birth, at a time when the child enjoys good health, or the mother has not even a puerperal discharge. We are very far, however, from denying contagion, since we have seen ophthalmia gonorrhœal in the beginning, and then terminating by very decided syphilitic phenomena. As to the possibility of transmission from one individual to the other, it may take place from the child to the mother or to other children. In young animals it follows the same progress; and, in the theses of MM. Chassaignac and Michel, we find very remarkable cases of inoculation of the purulent discharge from eye to eye.

We ought to consider the very peculiar position in which the new-born child is found; scarcely has it cleared the "vaginal *tunnel*" in which it was shut up, at a temperature of 36°, and more, of Reaumur, than it is on a sudden exposed to a decrease of temperature, which is often at least half lower.

This is so true that in a great many circumstances the disease is complicated with a more or less extensive induration of the cellular tissue, coryza, and otorrhœa, to which may be attributed most of the cases of deaf-dumbness. We may invoke also the transgression of hygienic principles, exposure of children to currents of air, or to cold washings. In general, in England, accoucheurs, midwives, and the majority of people out of the profession of medicine, consider this disease as the effect of a change of temperature, known under the name of *a cold*. This opinion is also mine, and in consulting my notes, as well as my recollection, I remember very well that not only at the foundling hospitals of Pavia, Milan, and Paris, but also in private practice, ophthalmia of the new-born is much more common when there are numerous and rapid atmospheric variations. The reason will now be understood why this disease is much more frequent with children of the indigent class, where so many things, even indispensable to life and still more to the welfare of the new-born individual, are wanting. The irritation of a vivid light plays also a prominent part in the production of purulent ophthalmia. Hence we recommend to persons required to nurse or receive new-born infants, not to expose them to a strong light, nor to lose too much time before they bestow on them hygienic cares. We cannot recommend them too strongly not to wash the eyes with cold water, but to employ tepid water beaten with the yolk of eggs, a mixture admirably adapted for disengaging the face and eyes from the amniotic deposit with which they are often covered.

The child must be clothed sufficiently warm to accustom it gradually to the changes of temperature; and if the infant has remained a long time in the passage, if the face be injected, we must not fail to draw some spoonfuls of blood from the umbilical cord; for Professor Ammon, of Dresden, in researches which are replete with interest, has proved that in a great number of children ophthalmia of the new-born is due to forced injection of the membranes of the eye, accompanied with an insensible sanguineous exhalation, which colours red not only the vitreous humour, but also the crystalline.[1]

In a great number of circumstances the disease commences by a coryza scarcely sensible, and is betrayed only by slight sneezings. This disease remains stationary for some days, then the eye becomes watery, the eyelids swell, and acquire a rosy tint. At this period, if we examine carefully the small internal fossa of the commissure of the eyelids, commonly known under the name of *larmies*, we perceive in this little anfractuosity a small fragment of dried slightly glutinous mucosity, resembling concrete honey. Gradually this secretion augments, appears in different points of the palpebral commissure, implicates the eyelashes, and glues them together. Then the child begins to experience difficulty in opening the eyelids; they become immovable, and consequently do not allow more of the newly secreted puriform fluid to be thrown out.

When we have seen a certain number of ophthalmiæ in the new-born, we acquire the habit of recognising them from their commencement, before even those who are associated with or nurse the child may have suspected them. It is nearly fifteen years since I saw M. Baron, Physician of the Foundlings, distinguish a puriform ophthalmia, by only observing a red injection across the outer surface of the eyelids; on the other hand the small mucous concretion is a symptom which has never failed me. In proportion as the discharge accumulates between the eyelids, the latter swell and form a kind of pouch, in such a manner that upon separating them, a milky liquid is seen to ooze instantaneously, which becomes thicker and thicker as the inflammation becomes more intense. Often, at this period, small active hemorrhages take place, which are owing either to interstitial exudations, or to slight venous or arterial ruptures. Now, as the eyelids in the new-born are excessively lax and permeable to liquids, and as the conjunctiva only slightly adheres to the globe of the eye, it is easily invaded by the blood. Then those chemoses are formed every where, accompanied by villosities, which not only produce partial strangulations, but also keep the puriform matter in contact with the cornea, which is then, as is known, soft and thin, and slightly resisting. We ought not to be surprised to see it become dull, assume a grayish tint, become puffed up, ulcerate, split, and in a short time burst, and give rise to all the unpleasant symptoms which accompany those different lesions of the cornea, of which I shall abstain from speaking here.

From the period at which the disease has acquired a certain degree of intensity, the patient is much disturbed by light, and obstinately closes his eyes while he is exposed to it, and not until he is in a dark place does he endeavour to open them. It is truly astonishing that M. Sichel denies this kind of dread of light (*photophobie*); which is admitted, however, by all those who found their opinion on well-observed facts and not on preconceived ideas. Billard, who had examined with the most scrupulous attention a great number of children affected with puriform ophthalmia, suggested the examination of their eyes during sleep, which may be done with the same facility.[1]

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[1] Ammon, Journal d'Ophthalmologie, ii. 23. On the Red Coloration of the Membranes of the Eye in the New-Born, and its Influence on the Production of Ophthalmia in the New-Born.

When we recognise a purulent ophthalmia at its commencement, nothing is easier than to limit its action. Some well-understood hygienic cares, lotions of a glassful of cold water acidulated with two or three drops of lemon juice, are enough to afford a sufficient astringency and disperse all traces of purulent discharge. But we should be very careful in applying poultices of crumb of bread, pommes de reinette, white cheese, &c., the results of which are immediately to produce œdema of the eyelids and augment the secretion of mucus.

We should also forbid the nurses to drop their milk into the eye, for this liquid mixed with mucus not only forms a magma which prevents more and more the movements of the eyelids, but also ferments on the spot and becomes a new cause of irritation. For a great number of years I have very promptly put a stop to the inflammation, and mucous secretion, by injecting between the eyelids through a small ivory syringe, some spoonfuls of the following collyrium :—Aqueous infusion of red roses, four ounces; soot, prepared according to my process, eight grains; lemon juice, four drops. I obtained a very rapid cure on the grand-daughter of a *chef de division* of the minister of finances, affected with gonorrhœal ophthalmia fifteen days after her birth, and which was sent to me by a skilful accoucheur, M. Baudelocque, the nephew. At several times during the day the eyelids must be raised to cleanse away the puriform matter. When the disease acquires a certain degree of intensity, we need not be afraid to apply leeches to the temples, and permit the discharge of much blood. Saunders had great confidence in this means, which often succeeded with him.

I cannot too strongly blame the conduct of those who, from the example of M. Lawrence, place leeches upon the eyelids themselves. The motives for my censure repose on the following fact. The slightest traumatic cause is sufficient to induce an œdema of the eyelids in the new-born. The biting of a leech adds to the œdema an ecchymosis and a local puffiness, which does not allow of the eyelid being raised so as to cleanse away the pus. On the other hand, the leech crosses from one part of the eyelid to the other and wounds the eye, this I have seen frequently happen.

When the symptoms are urgent, we must, in order to arrest the mucous secretion, inject between the eyelids Bates's solution, which possesses very styptic qualities; I have seen this medication succeed wonderfully.

At the same time we conjoin with this treatment purgative agents, such as the compound syrup of chicory, or rather of peach flowers.

When the disease is decreasing, we may produce a slight rubefaction behind the ears by means of the application of the *pommade* de Lausanne. If by this means we succeed in preventing perforation of the cornea, alarm must not be felt for the transparence of the cornea; this gradually returns of itself, and it has fallen to my lot to see cured, in five or six months, children whom I had considered as entirely deprived of light on account of loss of that transparence.

I have very frequently made use of the solution of nitrate of silver, but with much less advantages than soot, or Bates's solution. When ulcerations, perforations, staphylomas, &c., appear, they must be treated by the usual method. The employment of codfish oil is appropriate for resolving the interlamellar effusions; but in order to obtain advantage from this medication, all the inflammatory symptoms must be watched. I terminate this article in the hope of inducing all practitioners to disperse at their commencement accidents which may bring into jeopardy the eyes of the new-born. I shall account myself extremely happy when I learn that my hope has been realised. It is always with this view that I write.

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[1] Billard and Lawrence.—Treatise on Diseases of the Eyes.

ART. IV.—PATHOLOGICAL APPEARANCES IN A CASE OF MANIA A POTU.

BY DR. N. W. CALHOUN, NOW OF ST. CHARLES, MISSOURI.

Augusta County, Va., Feb. 6, 1838.

Dear Sir,—I hope I shall not be considered obtrusive in diverting your attention from the many subjects of importance and interest which claim your attention, particularly at this time, by submitting for your perusal the present communication. Indeed, I feel assured of the interest you entertain for your pupils, and believe that any interesting facts which, in the course of practice, come under their observation, will be kindly received by an esteemed preceptor. Under this impression, I have thought it not amiss to communicate some of a pathological character, which have fallen under my observation within the last six months.

A neighbouring physician requested me some time since to assist him in examining the encephalon of a person who had died from mania à potu. The examination was made a few hours after death. On removing the skull I was struck with the pathological condition of the contents of the cranium. The dura mater was perfectly detached, floating like a bladder, and greatly thickened. Beneath the dura mater was a large effusion of a clear fluid. The vessels of the brain were deeply injected, and those which ramify upon the pia mater, were beautifully exhibited. The brain itself appeared to be in a perfectly physiological condition, there being no change in its substance, and its convolutions being undisturbed. It occurred to me that the phenomena exhibited might have been produced by a stroke over the zygoma, which the deceased was said to have received in a fall, two or three days before his death. I therefore expected to find blood effused in some portion of the brain, as none appeared on the removal of the dura mater. None, however, was detected; but the ventricles were found filled with a transparent fluid. Upon an examination of the external parts at the point of injury, a bruise of some considerable extent was discovered, but no injury of the pericranium or skull. Is it usual in mania à potu to find the encephalon in the condition I have described; or, are the phenomena to be referred to the external injury in this case? Eighteen months previous to death the patient had laboured under an attack of apparently the same disease, from which he had recovered.

At some future period I may give you the history of a case of ovarian dropsy, of twelve years' standing, which I have had the good fortune to treat successfully after the fourth tapping.

Dr. Robley Dunglison.

ART. V.—ON INVERSION OF THE UTERUS.

BY THOMAS RADFORD, SURGEON TO THE MANCHESTER LYING-IN HOSPITAL.

The author of this valuable practical paper is an obstetrician of eminence, and his views are therefore deserving of attention. They appeared in late numbers of an excellent periodical.[1] We extract his observations on the causes and treatment of inversion of the uterus.

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Causes of Inversion.—This accident has been attributed to causes purely mechanical, the uterus being unresisting, and passively obedient to their influence. The practice of pulling too early and violently at the funis, after the expulsion of the child, before the uterus has contracted, so as to detach and expel the placenta, has been generally considered as the cause of inversion; but we know that the accident happens before any force has been applied to the funis. . . . . It has occurred when the patient has been delivered of a dead child, the funis so putrid as to break with a very slight effort. It has been found before the cord was separated, and the child given to the nurse. In the practice of Ruysch, this circumstance took place after he had extracted a dead child, &c. These circumstances show that there is a power inherent in the uterus to become inverted. The pulling of the funis is so common a practice amongst our midwives, and done without the least consideration of the condition of the uterus, that, if it was so frequent a cause as is usually stated, inversion, instead of being one of the most rare, would be the most common accident in midwifery. Some writers have thought that a short funis is a frequent cause of inversion; whilst others think, in order to act, it must be inserted in the centre of the placenta, and that this mass must be attached to the fundus uteri. Now, it is evident, if brevity of the cord is capable of producing so serious an accident, these peculiarities will greatly add to its influence. But, amongst the published cases of inversion, there is, so far as the writer knows, but one where this shortness existed. It often occurs without diminished length in the cord; whilst, on the contrary, children are frequently born where it is very short, and yet no such event happens. The funis has been ruptured, and the placenta disrupted, and yet the uterus was not inverted.

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[1] Dublin Journal of Medical Science, for Sept. and Nov. 1837.

In order that the causes which have been now alluded to could operate effectually to produce inversion, there must be such condition of the uterus present that it becomes tacitly obedient to their influence. Most systematic writers, as also others, have supposed such to be the case. They have said that the uterus, previous to inversion, is in a state of extreme relaxation, exhaustion, or collapse, and that it offers no resistance to any force applied by the funis. These opinions are at variance with that of the writer.

It appears to the writer that the uterine pain, diminution of bulk, firm resisting feel, sudden formation, and rapid protrusion, warrant him in the deduction that the *fundus* and *body* of the uterus, so far from being in a state of *collapse* or *relaxation*, are really in a state of *unnatural excitement* and *action.* But this is not the case with the os uteri; on the contrary, it is soft and yielding, as we find that it offers no resistance to the coming down of the tumour, whose protrusion is forcible and rapid. If these statements be true, it is evident that the fundus and os uteri are in directly opposite conditions: the former is in a state of violent contraction, the latter in a state of relaxation; and that this relative difference in these two parts of the organ is indispensably necessary to exist where inversion occurs.

From what has been stated, it may be concluded that quick labour, whether natural or artificial,—a disturbance of this process in any of its stages,—or any of those circumstances which produce irregular contraction of the uterus, are, singly or combined, the causes of inversion.

Treatment.—When the uterus is inverted only in a slight degree, the reduction may be accomplished with great ease, and the attempt should be made as soon as it is discovered. As the fundus uteri has not, or only slightly, passed through the os, the placenta cannot wholly protrude through this orifice, and, consequently, the fundus should be returned before the placenta is separated. For, if an attempt were made to detach the placenta, the operation must be slow, uncertain, and incomplete, and the danger of hemorrhage incurred, or a greater degree of inversion produced. When the hand is introduced through the os uteri, the fingers should be slightly bent, so as to form a kind of crutch, to carry up the fundus, which sometimes rapidly springs up. The placenta is now to be separated, and the hand retained until the uterus contracts.

In the treatment of this accident, (great inversion,) the great object to be constantly kept in view is to attempt the re-inversion as soon as possible after the occurrence. But in general the placenta adheres to the inverted organ, and the question is whether it should be separated or not before or after the reduction. It is an important point to settle, especially as there is such a difference of opinion upon the subject. . . . . The dread of hemorrhage is the reason assigned why the placenta should not be first detached, but the writer trusts that the cases he has adduced, and the references he has made, are sufficient evidence to the contrary. In no case has this dreaded effect been induced, or even aggravated, by a *complete* separation of the placenta. The uterine vessels are as effectually constricted under this accident as when the organ is in its natural situation, if the placenta be entirely detached; and flooding is produced here, in the same manner as in ordinary cases, by a partial separation or disruption. As the greatest disadvantage arises from failing in our first attempt, it is the more necessary that every impediment should be removed, so that we can proceed with the greatest chance of success. By delay the organ becomes less fit to bear the operation, not only from the increased size of the fundus and the contraction of the os, but also from the increased sensibility and irritability which it has acquired, even previously to its becoming actually inflamed. The attached placenta must increase the obstacle, because the fundus cannot be so freely and sufficiently compressed. The result of free manipulation would lead to partial detachment and disruption, and consequently to flooding. By detaching the placenta, great advantages are gained; the bulk of the part is diminished, the operator is enabled further to reduce the size of the fundus itself by compression; and he has more freedom to judge of the changes he has effected.

When the placenta is detached, our next object should be to attempt the reduction of the general bulk of the tumour, by compressing it. We are indebted to Mr. C. White for this method. The plan recommended by some writers, to push the fundus directly upwards, should not be adopted. There are strong reasons to think that the fundus is, after the os uteri, the most irritable part of this organ. When the accident has existed a short time, pressure upon this portion induces pain, bearing down, and hemorrhage; but the body may be taken hold of and compressed. If we could press the fundus upwards, and thereby dimple it within itself, we should find ourselves opposed by a double inflexion; for the body would be grasped by the os uteri, and the fundus would be within the body. It is obvious that our force should be directed so as to act upon the angle of inflexion, or where it turns into itself."

It will be found that the tumour will freely pass through the os externum, and, as only one hand can be admitted into the vagina, the chief compression should be effected whilst it lies externally. And, as the upper part of the vagina descends along with the uterus, no real effect can be produced until it is made tense by carrying this organ upwards. When it arrives at this point, resistance is met with, but, by keeping a steady pressure upwards, the inflected portion of the cervix then yields, and it gradually recedes, followed by the hand of the operator, until the reduction is completed.

ART. VI.—TREATMENT OF BLENNORRHŒA BY TENTS.

In a late French journal,[1] M. Ricord, of the Hôpital des Vénériens, at Paris, enters into a consideration of the therapeutic value of tents in blennorrhœa, and in the same periodical[2] is a paper by M. Mallia, Prosector to M. Malgaigne, containing a description of the instrument intended for their introduction into the urethra. The former gentleman having established in his clinical researches, by a suite of facts resulting from numerous observations, how advantageous for the cure of inflammations of mucous membranes is the prevention of contact between them—in the treatment of balanitis, for example, the interposition of dry rag between the gland and the prepuce sufficing to bring about in two or three days a cure, which would have scarcely been obtained in three or four times the period by antiphlogistics,—necessarily led him to oppose urethral blennorrhœa, by introducing a tent of rag so as to hinder the contact of the parietes of the canal. M. Malgaigne, prompted by the same motives, and unaware of the fact that such was the practice of his colleague, M. Ricord, adopted this mode of treatment.

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[1] La Lancette Française, Septembre 2d, 1837.

[2] For Sept. 14, 1837.

M. Ricord, in the clinical lectures delivered by him in 1832, pointed out the advantage of tents, both in the hospital and the école pratique, and they were soon mentioned in certain works. Since then various means have been employed by different surgeons in order to fix tents in the urethra, so that the necessary manœuvres for this operation might not fatigue or irritate the already inflamed canal; but as the most simple instrument is almost always found to be the best, M. Ricord has obtained the most signal advantages by using gum-elastic bougies of various sizes, according to the bulk of the tent he is desirous of introducing; a stylet, little more than double the length of the catheter, is used to fix the tent in the instrument which is introduced thus armed into the urethra; and, the stylet remaining immovable, the catheter is made to slide upon it by drawing it back until it is out of the canal. The stylet *porte-mèche* may then be removed, and the latter remains properly fixed.

The following is the instrument used by Malgaigne for the introduction of tents:—

It is a hollow catheter about six inches and a quarter long, two lines and a half in diameter, open at both extremities, and having a slight, scarcely perceptible curve at its inferior extremity. The interior of this catheter is traversed by a metallic rod, terminating at one of its extremities in the manner of a *porte-mèche*, with very round angles, and at the other by an ovoid expansion, so as to render it capable of being completely adapted to the inferior opening of the catheter, and of closing it; long enough, however, to pass it about half an inch. The superior extremity, or pavilion of the catheter, has a screw intended to fix the rod at will.

The application of this instrument is as simple as its construction; it consists in providing the *porte-mèche* extremity of the rod, with a cotton tent imbibed with the desired substance, to place it in the interior of the catheter and fix it by means of the screw, so that it shall not pass the level of the inferior opening of the catheter. This extremity is anointed with cerate, and the instrument is introduced like an ordinary catheter. When it has penetrated far enough, the rod is unscrewed, it is laid hold of with the right hand, holding the pavilion of the catheter in the left; this is drawn out about half an inch, then holding with two fingers the part of the urethra occupied by the tent which has been thus pushed out of the catheter, the rod or stylet is drawn out first, and the catheter afterwards; pressing with one hand on the course of the urethra so as to hinder the exit of the tent.

The application which we have just described may undergo some slight modifications at the pleasure of the practitioner; thus, if we apprehend that notwithstanding the cerate the beak of the catheter may injure the urethra by the edges of its aperture, we may pass the catheter first, by closing it with the ovoid extremity of the rod, and afterward introduce the tent; and also we may fix the rod, or not, by means of the screw.

This instrument is so made by M. Malgaigne as to be inservient to various uses. It may be employed,—

1st. As a catheter for man or woman. For this purpose the inferior opening has only to be closed with the ovoid extremity of the rod, and fixed to it by means of the screw, and as soon as the instrument is introduced the rod must be withdrawn in order to give issue to the liquid. "This," says M. Mallia, "is even superior to the common catheters, on account of its continuity of surface, an advantage already appreciated by M. Mayor, of Lusanne, by constructing these catheters with a single eye."

2d. For applying alum to strictures according to M. Jobert's treatment.

3d. As a dilator, in strictures difficult of removal by the ordinary means. With the catheter we reach the stricture, the edges of which are already slightly dilated, and by pushing forward the ovoid extremity of the rod we are nearly certain to follow the axis of the canal and to avoid the false passages in those places where they are most to be feared, that is, before the stricture.

4th. Finally, the metallic rod may be used as a *porte-mèche*, and in many cases as a stylet.

In some subsequent number of the journal from which the above is extracted will be published a collection of interesting facts relating to the treatment of blennorrhœa with tents, by M. Ricord; it is also the intention of M. Malgaigne to give a detailed publication of some observations on this subject, to which we may revert on another occasion.

ART. VII.—OSTEO-SARCOMA OF THE UPPER JAW. EXTIRPATION OF THE DISEASED MASS—CURE.

Leonhard Caii, twenty-four years of age, habitually enjoying good health, and of pretty good constitution, when ten years of age, fell with and struck the left side of the face against a stone. The patient remained without consciousness for some time, but soon recovered; the pain produced by the accident was slight, and no serious injury seemed to have been produced by the fall. Some time afterwards, however, the left cheek was observed to be a little enlarged, but no attention was paid to this circumstanse, as the tumefaction was unaccompanied by pain or other inconvenience. From this time the tumour gradually increased, and at last acquired a very remarkable size. The left cheek is now occupied by a large conical-shaped tumour, which has pushed the nose to one side, and forced the eye upwards and outwards. The skin which covers the tumour is marked by numerous veins, and is slightly red at the inner angle of the eye; in other places it appears unchanged. The tumour extends from the inner angle of the orbit, along the side of the nose, to the angle of the mouth, then along the alveolar processes to the last molar tooth, and then mounts from this point to the lower edge of the orbit, embracing the whole of the malar bone. The circumference of the base of the tumour is nine inches and a half. It has pushed up the floor of the orbit so as to form there a tumour as large as a nut, has nearly obliterated the nostril, and has also forced down the palatine plate into the mouth. No elasticity or softness can be discovered on the surface of the tumour. The diagnosis formed was osteo-sarcomatous tumour, probably arising from the orbital plate of the superior maxillary bone, and filling the whole of the antrum.

The operation for its removal was performed by Dr. Dietz. The first incision ran from the inner angle of the orbit over the tumour as far down as the alveolar process, about an inch and a half from the angle of the mouth. From the middle of this incision a second one, an inch and a half long, was made to fall in the middle of the space compressed between the angle of the mouth and the edge of the nostril. The flaps were now dissected back from the surface of the tumour, and the malar bone divided, through its whole length, with a fine saw; the further separation of this bone was effected by repeated but slight blows of a hammer and chisel. Although the parietes of the bones which surrounded the tumour were very much thinned, the extent of the latter prevented its being completely separated with the chisel, and the operator was compelled to cut it away, from the apex towards the base, with a strong scalpel. This was effectually performed until the whole was reduced nearly to a level with the surrounding healthy bones. It now remained to remove the diseased portions of the orbital and nasal regions, and this also was effected with the chisel, during which the division of the infra-orbitar branch of the maxillary nerve produced the most severe agony. The portion of the diseased mass which extended backwards into the antrum could now be attacked, and after long-continued efforts with the scalpel, the fingers, and a hand-chisel, it was at last removed. The posterior wall of the maxillary antrum seemed, at first sight, to have been perforated by the tumour; on more close examination, however, the posterior parietes of the antrum were discovered to be uninjured, and covered, in most places, with the lining mucous membrane. The hemorrhage, which occurred during the operation, was copious, but was checked by the application of cold water. A small artery, near the alveolar process of the third molar tooth, bled more freely, and required the application of a compress moistened with a styptic fluid. After having sufficiently cleaned out the cavity of the wound, the operator brought its edges together, and kept them in contact with several points of suture.

The patient bore this tedious operation with great fortitude. His pulse was small but not much accelerated, and he walked, without support, from the operating theatre to his chamber. Cold lotions were applied over the whole side of the face, and he was ordered some Glauber salts with nitre. Half an hour after the termination of the operation, the cavity of the wound became tumefied, and a quantity of blood escaped from the nose and mouth. The lower angle of the wound was immediately opened, the coagulated blood removed, and a fresh compress applied over the bleeding alveolar artery. In the evening the hemorrhage had not reappeared, and the patient appeared quiet. On the day following the operation hemorrhage again set in with sufficient violence to produce fainting; it was, however, restrained, and did not recur again. From this time the condition of the patient continued to improve, but it is unnecessary for us to follow the author through his minute account of the daily symptoms. The cavity of the wound became moderately filled with granulations, but about one inch and a half of the upper part of the wound could not be made to unite. The author accordingly refreshed the edges, and brought them again together with the Carlsbad needles. This had the desired effect, for the whole wound was healed in ten days afterwards.—*Dieffenbach's Zeitschrift*, No. 9, 1837.[1]

BIBLIOGRAPHICAL NOTICES.

Barton on Anchylosis.[2]

Some years ago, this able surgeon published an account of a new and successful operation at the hip, which had been undertaken for the twofold purpose of remedying a most serious deformity and lameness, and of *establishing an artificial joint*, as a substitute for the natural articulation, which had become obliterated by disease, terminating in true anchylosis.[3]

In the pamphlet before us Dr. Barton describes a case in which no attempt was made to establish an artificial joint, as the attending circumstances did not admit of such a consideration. The object of his treatment was to remove deformity, and to restore to usefulness a limb which had been suffered to become anchylosed by malposition.

It is impossible to convey a just idea of the management of the case—which was eminently successful—without citing at length the clear description of the author.

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[1] Lancet for January, 1838, p. 534.

[2] New Treatment for Certain Cases of Anchylosis. By J. Rhea Barton, M. D., of Philadelphia. (Extracted from the American Journal of the Medical Sciences, for February, 1838.) 8vo, pp. 8. Philadelphia, 1838.

[3] North American Medical and Surgical Journal, April, 1827.

"S—— D——s, M. D., formerly of Charleston, S. C., but now a resident of Alabama, when a youth of about nine years of age, unluckily had his knee joint involved in inflammation and suppuration so extensively as to occasion the destruction of the synovial membranes, the ligaments, cartilages, and, in short, every structure peculiarly appertaining to the joint. After a protracted suffering he finally recovered with the loss of the joint; the tibia, femur, and patella, having become united to each other in the form of a true anchylosis. The loss of the articulation of the knee, however, though a misfortune, did not constitute the *sadness* of his case. It was caused by the malposition of the limb; the leg having been flexed upon the thigh to a degree somewhat less than a right angle. Hence the only alternatives of which he could avail himself to aid him in walking were, either to use crutches, or to employ a very high block-sole boot, and to lower his stature by flexing the sound limb, in order that both feet might reach the ground. The latter expedient he adopted. The long continued pressure and weight of the body sustained by this defective limb, acting under such great mechanical disadvantages, had at length caused some projection of the instep, and other irregularities, which it is unnecessary to particularise.

"This supposed irremediable condition of his limb, with all its ills, the young gentleman endured during the period of about sixteen years. In the mean time he graduated in medicine, and became a successful and highly respectable practitioner; but as his professional labours increased, he found the condition of his limb to be an obstacle not only to his further success, but also a source of unceasing annoyance and vexation. Whereupon, with a resoluteness not surprising to those who knew the strength of his mind, the firmness of his character, and the abundance of his manly courage, he repaired to Philadelphia in order that some relief might be obtained, if it were possible. When consulted by him I found him fully prepared to learn that no benefit was to be expected from any heretofore known practice, and that if he could be relieved it must be by some novel expedient and treatment.

"After a candid and full disclosure of my views of his case, and of the means by which I thought he might be benefited, his own judgment accorded with mine; and believing in the feasibility of the plans, he became urgent for the undertaking. It was accordingly commenced on the 27th day of May, 1835, and pursued as follows:—

"Two incisions were made over the femur, just above the patella. The first commenced at a point opposite the upper and anterior margin of the external condyle of the femur, and, passing obliquely across the front of the thigh, terminated on the inner side. The second incision commenced also on the outer side, about two and a half inches above the first; and passing likewise obliquely across the thigh, terminated with the other in an acute angle. By these incisions were divided the integuments, the tendon of the extensor muscles of the leg, at its insertion in the upper part of the patella, and some of the contiguous fibres of the rectus and crureus muscles themselves, a greater part of the vastus internus, and a portion of the vastus externus muscles. A flap, composed therefore of this structure, was elevated from the femur close to the condyles. The soft parts were next detached from the outer side of the bone, from the base of the flap toward the ham, by passing a knife over the circumference of it, so as to admit of the use of a saw. The flap then being turned aside, a triangular or wedge-like piece of the femur was easily removed by means of a small narrow-bladed saw; such as was used in the operation at the hip. This wedge of bone did not include the entire diameter of the femur at the point of section: so that a few lines of the posterior portion of the shaft of the bone remained yet undivided. By slightly inclining the leg backward, these yielded and the solution was complete. This mode of effecting the lesion of the bone was designedly adopted, and constituted what I conceived to be a very important measure in the operation. Important, because it rendered the popliteal artery free from the danger of being wounded by the action of the saw, and subsequently the interlocking of the fractured surfaces tended to retain the extremities of the divided bone in their positions until the harshness of their surfaces had been overcome either by the absorption of their angles, or by the deposition of new matter upon them—a change essential to the safety of the artery during the subsequent treatment of the case. Not a blood-vessel was opened which required either a ligature or compression. The operation, which lasted about five minutes, being thus ended, the reflected flap was restored to its place, the wound lightly dressed, and the patient was put to bed, lying on his back, with the limb supported upon a splint *of an angle corresponding to that of the knee previous to the operation.* This position was maintained until it was believed that the asperities of the bone had become blunted, and were not likely by their pressure to cause ulceration of the artery beneath them. This first splint was then removed, and another having the angle slightly obtuse was substituted. In a few days a third splint, with the angle more obtuse than the second, supplied its place. Others, varying in degrees of angularity, in like manner came in their turn to support the limb until it had attained a position almost straight. It was then unchangeably continued in that line until the contact surfaces of the bone had united and securely fixed the limb in this the desired direction.

"During the treatment of the case, especial care was bestowed in protecting the popliteal vessels against any injurious encroachment upon them. With that view, all antagonising pressure on the soft parts in the ham was carefully avoided. The limb was rested on two long bran bags, laid upon the splint, with their ends apart—a vacancy of four or five inches being left between them opposite the lesion of the bone. This interspace was lightly filled with carded cotton, so as to afford a safe support. Every symptom of pain or uneasiness in this part was promptly attended to. The occasional issue of a drop or two of blood from the corner of the sore, during the process of dressing the limb, caused me some solicitude in this case; whereas, ordinarily I should have considered it as a matter of no moment—it being so frequent an occurrence during the dressing of wounds, owing to the disturbance of the granulations, especially in compound fractures. The wounded soft parts finally healed and quieted this anxiety. The straightening of the limb having been very cautiously and by degrees effected, the first two months elapsed during the accomplishment of this object. Having then reduced it to the desired position, means were carefully observed to retain it so until the reunion of the bone had been fully completed; which occupied two months longer. The constitutional symptoms were such as usually occur in compound fractures—somewhat severe, but at no time alarming. Throughout the whole treatment it was not found necessary to bleed him, or to have recourse to any very active constitutional measures. He was occasionally indisposed from irregularity in the digestive functions, but was always speedily relieved by resorting to mild and appropriate remedies.

"At the end of about four months from the date of the operation my patient stood erect, with both feet in their natural position, and the heels resting alike upon the floor, although a slight angle had been designedly left at the knee, in order that there might not be any necessity for throwing the limb out from the body in the act of walking, which is always the case when the knee is quite straight. After this period, the use of shoes of the ordinary shape was resumed, and the limb was daily exercised with increasing strength and usefulness. On the 19th of October, the doctor took his departure for the south, bearing with him the injunction to continue the support of a small splint and the aid of a crutch or cane, until he should acquire sufficient confidence in the strength of the limb to justify him in laying them aside."—p. 5.

The patient now—to use his own expression—feels no other inconvenience in riding or walking than what arises from his knee-joint being stiff, which was the case before the operation. He walks without a stick or other aid, with the sole of the foot to the ground and with but a slight limp.

"When I think of what I was," says the patient—himself an "enlightened physician,"—"and what I am; and that to your firmness, judgment and skill I am indebted for the happy change, I want words to express adequately all that I feel."

Such cases are among the triumphs of surgery.

Kramer on Diseases of the Ear.[1]

The reprint of this valuable theoretical and practical work, illustrated by plates, which are now in the hands of the engraver, will be commenced in the next number—the first of the new volume—of the "Library." It contains a critical analysis of the literature of diseases of the ear, with a pathological and practical account of the various maladies to which that organ is liable.

The original work was well characterised to be "unquestionably the most valuable work we possess on the subject of diseases of the ear generally; and after the labours of Itard and Deleau, it must be regarded as contributing more to the progress of acoustic surgery than any other modern publication."[2]

Expulsion of a Tænia from a New-Born Child.—The doctrine of uni-vocal or regular generation is rendered difficult by many circumstances, and especially by the fact that worms have been found in new-born children. A case of this kind has been communicated in one of the recent German journals.[3] In 1830, Mr. Müller was called to a nurse-child, five days old, which was labouring under slight constipation. After the employment of rhubarb, manna, and a few grains of salt, a tape-worm, a foot and a half long, was found in the excrements. The worm must of course have existed during the fœtal state.

Professor Gibson's Case of Cæsarean Section.—This operation has been performed for the second time on the same female by Professor Gibson. The particulars of the case will be given to the world, we are told,[1] by Dr. Fox, of this city, who was the medical attendant of the patient in her last pregnancy.

Louisville Medical Institute.—This new institution has commenced its career auspiciously: the number of students this—the first—session being eighty, exclusive of twenty who comprise the medical jurisprudence class. Of the eighty,—forty-two are from Kentucky; ten from Indiana; ten from Tennessee; eight from Alabama; three from Illinois; two from Ohio; two from Mississippi; one from New York; one from Maine; one from Georgia; one from South Carolina; one from Arkansas; one from Maryland; one from Missouri; and one from Texas.

A summer session is proposed by the faculty.

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[1] The Nature and Treatment of Diseases of the Ear. By Dr. Wm. Kramer. Second edition of the author's Treatise on Chronic Deafness, much improved and enlarged. Translated from the German, with the latest improvements of the author since the last German edition. By James Risdon Bennett, M. D., Member of the Royal College of Physicians of London, &c. 8vo, pp. 306. London, 1837.

[2] British and Foreign Medical Review, No. 5, for January, 1837, p. 100.

[3] Medicinisches Correspondenz-Blatt, and Encyclographie des Sciences Médicales, Sept., 1837.

[4] American Journal of the Medical Sciences, for Feb., 1838, p. 542.

Jefferson Medical College.

At a public commencement of the Jefferson Medical College, held on the 8th of March, the degree of Doctor of Medicine was conferred on the following gentlemen, by the Rev. Ashbel Green, D. D., LL. D., President of the Board of Trustees.

The subjects of the Theses are placed opposite each name.

UPPER CANADA.

Sidney W. Sole, Syphilis.

NOVA SCOTIA.

James Geddes, Jr. Scarlet Fever.

NEW HAMPSHIRE.

S. G. Davis, Scarlet Fever.
William Treat, Critical days.
Henry Clinton Parker, Inflammations, &c.
Elbridge Gerry Kelley, Influence of the morale, &c.

MASSACHUSETTS.

Jno. B. Chace, Nitrate of Silver.
Russel Parkhurst, Bronchitis.

NEW YORK.

Samuel Jno. Green, Injuries of the Head.
S. B. Hanford, Cancer.
J. D. Bevier, Curvature of the Spine.
N. Deyo, Indigestion.
Robert B. Storm, Inflammation.
Charles N. Bass, Phthisis.
Jno. T. Jansen, Audition.

NEW JERSEY.

Joseph A. Davis, Life and Death.
H. B. Salter, Croup.
James Bell, Opium.
Wm. Mortimer Brown, Absorption.
Wm. B. Lefevre, Phlogosis.

PENNSYLVANIA.

Jno. Conry, Stricture in, &c.
Wm. M. Bolling, Fever.
S. C. Demuth, Diseases of Vesica, &c.
A. A. Henderson, Medical Electricity.
E. K. Hunt, Typhus.
R. M. S. Jackson, Pathological Anatomy.
Isaac Musselman, Aperients.
Charles Streater, Gangræna Senilis.
Wm. W. Righter, Rachialgitis.
Mark G. Kerr, Typhus.
Jno. Tenbroek, Phthisis.
R. Troubat, Intestinal Worms.
R. F. Vanvalzah, Scarlet Fever.
Thomas Lyon, Croup.
Abiram C. Stees, Acute Bronchitis.
Joseph N. Craft, Indigestion.
Wm. Hayes, Jr., Rheumatism.
Benjamin Cramer, Diet.
Geo. Stewart, Laryngitis.
E. H. Mason, Dysentery.
Clarence H. Frick, Arachnitis.
Geo. W. Green, Urinary Calculi.
Hiram Rutherford, Dropsy.
Thomas H. Thompson, Erysipelas.
Jonathan Robeson, Curvature of the Spine.
R. S. Holmes, Chlorosis.
Harmony A. Smith, Hysteria.
Jno. S. Crawford, Uterine Hemorrhage.
Robt. M. Denig, Scarlet Fever.
P. B. Vastine, Scarlet Fever.
Samuel Carels, The Brain.
S. S. Cummings, Croup.
J. B. Hamilton, Organisation.
Charles Bower, Typhus.
J. C. Mulhallon, Croup.
Geo. Hill, Scarlet Fever.
Wm. W. Dale, Thompsonianism.
Thos. R. Hull, Scarlet Fever.
Samuel Agnew.
Emile B. Gardette.

MARYLAND.

J. H. Worthington, Diet.
David T. Yeakel, Apoplexy.
Joseph J. Gillis, Rachialgitis.
Joseph B, Cottman, Revellents.
Josiah F. Smith, Cholera Infantum.
A. S. Magruder, Scarlet Fever.
W. H. Hayward, Iodine.
Alex. C. H. Tate, Phrenology.

DISTRICT OF COLUMBIA.

Geo. S. Tolson, Muscular Motion.
H. Hoban, Phthisis.
S. C. Smoot, Dyspepsia.

VIRGINIA.

Benj. Fleet, Asphyxia.
W. S. Copeland, Modus Operandi, &c.
E. P. Duggins, Vascular System.
Beverly Jones, Acute Gastritis,
Richard H. Beamon, Menstruation.
Joseph A. Mayo, Amenorrhœa.
Thomas W. Baker, Malaria.
Geo. D. Young, Concussion, &c.
Francis A. Effinger, Phthisis.
J. M. Daniel, Inflammation.
Thos, L. Robinson, Yellow Fever.
Jno. J. Nelson, Asthma.
Robt. E. Nelson, Paralysis.
Alex. Reid, Miasmata.
Walter Nangle, Gout.
James E. Harris, Dysentery.
Samuel T. Rhodes, Arthrosia Acuta.
Jno. Millington.

NORTH CAROLINA.

Erasmus D. Jones, Ileitis,
Wm. McFadyen, Croup.
Wm. S. Andres, Rheumatism.

SOUTH CAROLINA.

Samuel Langley, On the Prostate Gland.
Wm. B. Traynham, Influenza.

OHIO.

Peter Allen.

KENTUCKY.

Willis H. Farmer, Fever.
Stokes A. Smith, Ergot.
Jesse D. Burks, Fever.

GEORGIA.

A. H. Bailey, Cold Water to Wounds.
Augustus Guerard, Gout.

ALABAMA.

Wm, H. Eldridge, Syphilis.
Thomas P. Linton, The Blood.

GERMANY.

Frederick G. L. Vogely, Angina.

SAMUEL COLHOUN.
Dean of the Medical Faculty.

After the degrees had been conferred, an appropriate valedictory address was delivered by Professor Pattison.

University of Pennsylvania.—The catalogue of the Medical School of the University of Pennsylvania, recently published, numbers three hundred and eighty students for the present session.

NECROLOGY.

Dr. Wm. Wallace.—We observe the death of this gentleman announced in a recent number of the Lancet.[1] He was the Senior Surgeon to the Jervis Street Hospital, and was the author of many valuable contributions to medical and surgical science. He died of typhus which has been prevailing to an unusual extent for some time past in Dublin, where several medical gentlemen have fallen victims to the disease. Dr. Wallace was the author of a work on sulphureous fumigations as a remedy in rheumatism and diseases of the skin, (Dublin, 1820); of a physiological enquiry respecting the action of moxa, and its utility in various diseases of the nerves and muscles, (Dublin, 1827); of a treatise on the venereal disease and its varieties, (London, 1833); and his lectures on the venereal disease, with some researches on the skin of the negro, have recently been printed in the London Lancet. These he had barely completed, when death overtook him, in the prime of manhood, as he was about to reap the fruits of his long and meritorious exertions.

BOOKS RECEIVED.

From Professor Yandell, the Dean.—A Catalogue of the Officers and Students of the Louisville Medical Institute, Louisville, Ky. 8vo, pp. 8. January, 1838.

From an Unknown Correspondent.—The Troy (N. Y.) Sentinel of Feb. 24. [Containing the proceedings of an anatomical class there, in reference to petitioning the legislature of the state of New York "for a law on the one hand to facilitate the study of anatomy, and on the other to protect the grave from violation." It appears strange that near the middle of the nineteenth century circumstances should exist anywhere to render such a law necessary.]

From Dr. Forbes, editor of the British and Foreign Medical Review:—

Hints to Mothers, for the Management of Health during the Period of Pregnancy and in the Lying-in Room; with an exposure of popular errors in connection with those subjects. By Thomas Bull, M. D., Physician Accoucheur to the Finsbury Midwifery Institution, &c. 12mo, pp. 174. London, 1837.

The Nature and Treatment of Diseases of the Ear. By Dr. William Kramer. Second edition of the author's treatise on chronic deafness, much improved and enlarged. Translated from the German, with the latest improvements of the author since the last German edition. By James Risdon Bennett, M. D., Member of the Royal College of Physicians of London, &c. 8vo, pp. 306. London, 1837.

On the Use of Auscultation and Percussion in the Diagnosis of Diseases of the Organs of Respiration and Circulation, with directions for the employment of inspection, succussion, palpation, and mensuration of the thorax. By Julius Wolff, M. D., Member of the Royal College of Göttingen, Heidelberg, &c. 8vo, pp. 200. London, 1837.

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[1] For Jan. 6, 1838, p. 524.

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